CHEMIST & DRUGGIST

he newsweekly for pharmacy — a Benn publication

lovember 12 1983

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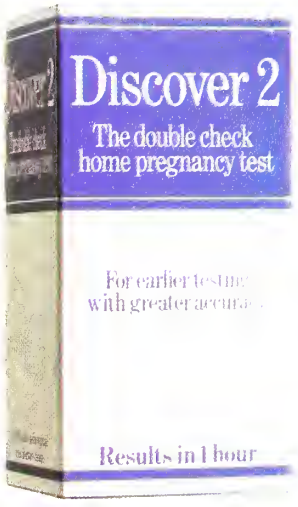

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CHEMIST & DRUGGIST

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November 12, 1983

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COMMENT

Battles ahead

Contractors in England and Wales may be on the verge of victory in persuading the Government to accept the latest clawback figures agreed by the statisticians (*C&D* last week), but that is only one battle and there are many more, perhaps tougher, fights to come over the next few months. Nevertheless, it was certainly welcome news from Minister for Health Kenneth Clarke that the DHSS is likely to find the level of discount surcharge from January 1984 of the same order as that forecast by PSNC, namely 0.5 per cent (see p864). Incidentally, the discrepancy between the £11m now said to be owed and the £5.2m claimed by PSNC last week, is accounted for by the £5.9m for unacceptable endorsements which the DHSS has refused to take into account: negotiations are continuing.

The PSNC dinner last year produced some headlines, but this year's event was taken by chairman David Sharpe as a golden opportunity to bend the ears of some 40 Members of Parliament, not only on current problems, but also on his own ideas for their resolution. It later emerged, however, that some of these ideas had not yet been discussed by PSNC itself, and Mr Sharpe acknowledges that they may not be acceptable to all contractors. His defence is that if progress is to be made on a new contract there must be discussion of the options — "I meant to be provocative", he said after Tuesday's dinner.

The most controversial points are foreseen as original pack dispensing, adhesive bar-coded labels to be attached to scripts, abolition of discounts, a net target income for the pharmacist, and enhanced BPA. By bringing them into the open, of course, Mr Sharpe has ensured that they will be taken into consideration by the "new charter" working party just set up by PSNC (last week, p824). They can also be discussed by contractors at large in advance of the anticipated circulation of the working party's proposals next February-March, in time for the LPC conference.

The Minister has indicated his willingness to consider radical changes in the contract, but before that issue comes to a head contractors will be asked to press their MPs on several outstanding questions: it looks particularly as though they will need to mount a spirited defence of the current profit formula — which PSNC feels is in need of improvement rather than reduction to the "derisory" level apparently being proposed. Letters to MPs certainly influenced the Minister over the surcharge — he admitted as much on Tuesday — but contractors must not relax simply because of one success.

Price List Supplement

Subscribers are asked to note that this week's Price Supplement has THREE sections:
1. "Cumulative Amendments": Repeats the first week's changes (October 29 Supplement) to the November Price List.
2. "This Week's Changes — November 5": The full list of changes that would have appeared in the November 5 Supplement had there not been a major computer failure at the typesetters. The "stop press" medicinal prices published on p849 last week are *included*.
3. "This Week's Changes": Changes being published on schedule with the November 12 issue of *C&D*.

In the November 19 Supplement, all three week's changes will be combined into the "Cumulative Amendments" section. We hope subscribers will find the above arrangements help to identify changeover dates, and apologise once again for the inconvenience caused, which has been beyond our control.

OP dispensing in new 'individual' contract?

Contractors in England and Wales look like getting the reduction in clawback surcharge from January 1984 demanded by the Pharmaceutical Services Negotiating Committee. There are also prospects for a more "individualised" contract by next Summer, and PSNC chairman David Sharpe has opened the debate by proposing original pack dispensing as a step in that direction.

The Department of Health will settle on "whatever figure properly emerges" in respect of the discount clawback surcharge for next year, Minister for Health Kenneth Clarke told the annual dinner of the Pharmaceutical Services Negotiating Committee on Tuesday. And while disputing Mr Sharpe's figures for the amount still owed, he expected the surcharge to be close to the PSNC's forecast 0.5 per cent (*C&D* last week, p824).

The Minister was replying to a controversial address by Mr Sharpe — which he later stressed represented his own views and not necessarily PSNC policy where his suggestions had not yet been considered. Mr Sharpe said that despite a succession of Ministers accepting the need for a simplified contract, the DHSS had still not agreed to discussion, the latest reason being the need to await the Binder Hamlyn report on FPC services expected in December.

'Derisory' profit?

Mr Sharpe also insisted that in the absence of any negotiations on the profit formula — which the review panel had said should continue until at least the end of this year — any retrospection would be totally unacceptable. Retrospection, he said, would provide DHSS with a safety net as a reward for procrastination. He later revealed that a letter has been received putting forward proposals for a formula that would reduce the profit margin to a "derisory" level.

Stressing current disillusionment with the contract — demonstrated by the demand for a special LPC conference — Mr Sharpe called for a complete overhaul. In the past, too much attention had been paid to the 20 per cent of remuneration which reimbursed overhead costs and not enough to the 80 per cent of drug costs — in which the biggest variations occurred between contractors because of the averaging system. Steps to individualise the contract were therefore essential.

Mr Sharpe suggested that could best be done by original pack dispensing — which already accounted for nearly one-third of items dispensed — and abolition of all discounts. "If there were attached to those original packs removable, adhesive bar coded slips for attachment to the prescription form when dispensed, it would clearly indicate the manufacturer, pack size and price paid, together with the batch number. This would enable prescriptions to be priced by the Prescription Pricing Authority on a fully computerised basis, and each contractor would then be paid his actual acquisition cost, rather than the average cost, as currently occurs.

"The immediate advantage would be increased patient compliance, the provision of information leaflets to the patient, improved storage conditions and where necessary a much easier and more efficient drug recall system. It might even lead to less wasteful prescribing." Mr Sharpe believed his proposal would also deal with the problem of parallel importing.

Further individualisation could occur with contractors submitting quarterly claims for labour and overhead cost expenses. Opponents would say it was administratively impossible — but if it was possible for 33,000 general practitioners, it must also be for 9,600 chemists.

Another of Mr Sharpe's proposals was that the pharmacist's input to the NHS should be recognised by a "net target income", updated annually. This could be paid out as an enhanced Basic Practice Allowance and a fee per prescription to reflect the volume of work. Such revisions, Mr Sharpe felt, would remove much of the unfairness of the averaging system. It could also remove the emotive word "profit" from the negotiations.

Concluding on the subject of the clawback, Mr Sharpe pointed out that there had been a £71m reduction in drug costs to the NHS over the past three years "due to the business acumen of pharmacist contractors". The joint technical subcommittee had established that the figure should be reduced to only £11m by January 1, 1984, resulting in a surcharge of 0.5 per cent for the remaining 19 months of the clawback. Mr Sharpe hoped the balance in pharmacists' favour would be credited with the same alacrity as the original sum. He also hoped that post-1980 contractors would not be penalised by repayment of discounts they had not received.

Drastic overhaul?

In reply, the Minister said he was prepared to have a "fairly drastic" look at the contract in the light of Binder Hamlyn. He accepted Mr Sharpe's target of June 1984 for producing "something more intelligible for contractors and MPs".

Mr Clarke blamed the inquiry system for delays in negotiating on notional salary but said that profit discussions had been refused by PSNC outside the context of a new contract. "Each side has been inviting the other to talks the other won't embark on," he added. On the post-1980 question, Mr Clarke admitted that there was a cause for grievance. However, it was a matter of swings and roundabouts and he was sure there would not be the same complaint if the remuneration inquiry showed there had been underpayment.

The Minister stressed that all were trying to secure a proper place and enlarged role for contractors, recognising that patients did not at present make full use of the pharmacist. By the time of next year's dinner "I hope you will have a bit more cause to thank me," he concluded.

Post-1980 hearing next week?

Chairman of the Post-1980 Contractors Committee, Peter Hulme, hopes that the judicial hearing of its clawback case will take place next week, probably on Monday.

Counsel for the Committee recently wrote to the Secretary for Social Services, Mr Norman Fowler, challenging his powers to effect clawback, not only in respect of new contractors, but of contractors in general (*C&D*, October 29, p772). The Department of Health then advised the Committee that it would continue to recover discount for drugs and appliance in the meantime.

Pharmacy's liability increases after Migril case appeal

The pharmacy company implicated in the "Migril case" will have to pay increased damages following an appeal by one of the doctors involved. But in practice its liability of £40,000 remains the same because the second doctor involved had earlier agreed to pay more of the damages.

Dr David Jackson, who was found negligent in failing to spot that his colleague had overprescribed Migril, was cleared of blame by the Court of Appeal last week. By a 2-1 majority the appeal judges set aside a High Court decision that he was liable to pay £15,000 of £100,000 damages award to a young mother crippled by gangrene.

Mrs Joan Dwyer, of Chetewode, Banbury, suffered severe disability as a result of being given too much Migril. At the High Court in February, 1982, Dr Jackson's partner at the Windrush Surgery, West Bar, Banbury — Dr Ian Rodrick — was ordered to pay £45,000 for negligence in over-prescribing the drug. The pharmacy which had dispensed it, Cross Chemists (Banbury) Ltd, was ordered to pay £40,000. Dr Jackson was held liable for the remainder.

Mrs Dwyer and her husband — who received £8,000 of the damages — had alleged that Dr Jackson, when he saw Mrs Dwyer three days after his partner had prescribed Migril for her migraine, negligently failed to discover that the drug had been overprescribed. In the Appeal Court Lord Justice May said it was common ground at the trial that Dr Rodrick's direction for taking Migril was completely wrong. He admitted that the mistake constituted negligence on his part.

Immediate action

The judge said that three days after Dr Jackson first saw Mrs Dwyer he discovered she had been taking Migril. He immediately appreciated that the label on the bottle directed an overdose and that Mrs Dwyer was suffering from ergotamine poisoning. He arranged for her admission to hospital, but by then the overdose had produced irreversible changes in some blood vessels and she suffered gangrenous necrosis, loss of part of each toe, nerve damage, scarring and other serious injuries. Lord Justice May said the High Court judge had been wrong to hold Dr Jackson negligent on the basis that there was a Migril bottle beside her bed when he first saw her.

Dr Jackson's evidence about his first visit to Mrs Dwyer was that he could not remember having asked to see medicines she was taking but he assumed that, through force of habit, he would have done so. He definitely did not see any Migril. Lord Justice May held that it was unlikely that the bottle was on Mrs Dwyer's bedside table when he first called. If it had been, Dr Jackson would have seen it and realised that the dosage was incorrect, he said. Because the doctor picked up the significance of the directions on the label immediately Mrs Dwyer showed it to him three days later, it was unlikely he would have missed it on the first visit, even though her symptoms were different.

Sir John Donaldson, Master of the Rolls, agreed in allowing Dr Jackson's appeal against the negligence finding. In a dissenting judgment, Lord Justice Dillon said the finding of negligence should stand. The Court of Appeal had not seen or heard Dr Jackson give evidence and could not interfere, he said.

As a result of the decision in favour of Dr Jackson, the part of the award against him was set aside and will now, by agreement, be met by the chemists. However, after the first judgment Dr Rodrick had agreed with the Chemists' Defence Association out of court to take on a further £15,000 of the damages, making his liability £60,000 and Cross Chemists' £25,000. The additional £15,000 that the latter are now accountable for brings their total liability back to £40,000, plus substantial costs.

"Putting pressure on the Minister."

Regulations on mineral waters

Regulations to control the exploitation and marketing of natural mineral waters have been proposed by the Minister of Agriculture, Fisheries and Food, acting jointly with the Secretaries of State for Wales and Scotland.

The regulations would require all natural mineral waters to be officially recognised; prescribe conditions for exploitation of springs from which the natural water is obtained; regulate their treatment, and control composition, packaging, labelling and advertisement. The proposals would apply to England, Wales and Scotland. Separate regulations will be made by the Department of Health and Social Services for Northern Ireland.

Copies from: *Ministry of Agriculture, Fisheries and Food, Room 548, Great Westminster House, Horseferry Road, London SW1P 2AE,* and in Scotland from: *Scottish Home and Health Department, Room 40, St Andrew's House, Edinburgh EH1 3DE.*

Pharmacist cleared of dishonesty

A pharmacist accused of handling thousands of Trandate tablets obtained dishonestly by a doctor from a drugs firm has been cleared of dishonesty (*C&D*, October 22, p758).

At Bedford Crown Court last week Mr Andrew Barnes, 37, of Hammonds End House, Harpenden, was found not guilty of six charges of handling the drugs knowing or believing them to be stolen.

The general practitioner, Dr Robin Lack, 35, of Bedford Road, Sandy, had earlier pleaded guilty to five charges of obtaining the drugs by deception. He was given a twelve months prison sentence and ordered to serve six months in prison with the rest of sentence suspended but he was bailed pending an appeal.

Mr Conrad Seagrott, prosecuting, said Dr Lack had been supplied free with 350,000 tablets of Trandate for treatment of high blood pressure cases on the understanding they would be issued free to patients on a special study. The doctor was also paid thousands of pounds by the drug company to send in regular reports during the study. But at the same time he was selling over 100,000 tablets of the drug at half price to Mr Barnes' shops.

Dr Lark also issued the patients with prescriptions for the drug and they had to pay standard prescription charges although it should have been free. The NHS had to pay the pharmacist who dispensed the tablets although that too should have been free.

Mr Barnes, who denied the offences of handling, maintained that the doctor told him the tablets — worth over £14,000 — had been left over after the trial study had ended and he had no reason to doubt Dr Lack's honesty.

Advertising of 'P' medicines concerns NPA Board members

Both the National Pharmaceutical Association's chairman, Mr Donald Ross, and its treasurer, Mr Bob Worby, have expressed their concern about the nature of consumer advertising of Pharmacy only medicines.

Mr Ross and Mr Worby emphasised their views at last month's NPA Board meeting. Other Board members felt that promotion needed to be restrained, as otherwise it could result in the public asking for a particular medicine when inappropriate, rather than allowing the pharmacist to counter prescribe when appropriate. It was felt that "P" medicines could become over-used.

Mr Lewis Priest (West London), speaking as a former member of the Committee on the Review of Medicines, felt that the fears were unjustified and that the Medicines Commission or the CSM would act promptly to control advertising which was in any way inappropriate.

Training

Mr Tim Astill, director, confirmed that the whole policy behind regional training groups is to ensure that more members have a chance to provide training for their staff and for themselves. Training required considerable commitment from members but the rewards were worth the effort, he said.

New local training groups have been formed in Plymouth and Worcester. Two out of a series of four meetings had already been held in Worcester on "Improving your business performance."

Sales of the staff training course have continued at high level. This has resulted in a rapid depletion of stocks and the need to re-write leaflets. So far this year, 20 have been completely rewritten (16 in house by Mrs Ailsa Benson, NPA training officer, and four by outside experts) and a further nine need to be re-written before the year's end. Eleven leaflets have been re-printed. The complete sales training section is due for re-writing within the next 12 months; this work will be commissioned from an outside consultant and proposals and quotations for this are being obtained.

Existing holders of the staff training course have been told about the proposals to certificate the task sheets — 19 members have already taken up the option. All new purchases of the course included certification as part of the purchase price.

Mrs Benson confirmed that all sales assistant courses and most pharmacist seminars would be held in central London next year. She hoped that this would make the courses even more popular. Seminars arranged since the last meeting include "Baby care", February 21; "Truss fitting", March 13; "Surgical hosiery", March 14, and "Stoma care", March 15.

She reported that the Training Department provided an advisory service on careers within local pharmacy. A new careers guide, "Working in a chemist" has been produced. The leaflet is aimed at school leavers and provides basic information about the work of a pharmacist, a dispensing technician and a sales assistant. A further guide for pharmacy undergraduates is being written.

Pre-packed products

The Board considered the implications for pharmacists of a draft proposal for an amendment to the 1980 EEC Directive on "Specific nominal quantities and nominal capacities for certain pre-packaged products" and decided not to comment at this stage.

For a variety of reasons this Directive has never been fully implemented, and in light of criticism from almost all member states, the Commission has been working on proposals to amend a number of the prescribed quantities in the Directive.

Although a number of the products are commonly sold in pharmacies, the Board decided that no comment was required from the NPA at this stage, but to maintain a close watch on developments.

☐ *Playing ball with the BPSA.* The Board decided to donate £250 towards the running costs of the British Pharmacy Students Association Sports Final.

☐ *Drug & Therapeutics Bulletin.* Reduced subscriptions for NPA members have again been negotiated with the Consumers' Association and members will be offered a £6.50 saving off the 1984 figure of £20.50.

☐ *MIMS.* Similar negotiations with the publishers of MIMS have resulted in an extension of the half-price subscription scheme for NPA members for a further year.

☐ *Family Doctor booklets.* The office is negotiating with the British Medical Association for a further supply of the plastic display units, several thousand of which have been taken up by NPA members during the last two or three years.

☐ *Tax on "being a woman".* The National Association of Women's Clubs at their last conference passed the following resolution: "This Association in conference assembled here urges Her Majesty's Government to rescind the tax on sanitary protection which amounts to a tax on being a woman." Mrs Shirley Cotgrove of the above organisation wrote to the NPA asking for its support. The Board decided that a suitable, positive reply should be sent.

☐ *Computer exhibitions.* A total of 645 people attended the exhibitions held in Manchester, Liverpool, Stoke-on-Trent, Leeds, Lavenham and Nottingham.

Architects will be able to advertise

The Royal Institute of British Architects has decided to allow its members to advertise in newspapers, magazines and other printed publications.

There will be no limits on the size of the advertisements but they must be factual, relevant, and not misleading or unfair to others or likely to bring the profession into disrepute.

Architects need not be members of the RIBA before they can practise but must register with the Architects Registration Council which allows advertising. It was felt that the 80 per cent of architects who were RIBA members were therefore at a disadvantage. There has also been increasing competition from unqualified architectural consultants who may advertise freely.

Three years ago RIBA members voted in a referendum to retain the advertising ban but last week the RIBA council decided to relax the rules after there had been an increasing number of complaints about unfair competition from non-members. The council will decide next January when the changes will be made.

Pharmacy numbers up again

The number of registered pharmacies increased by 25 to 10,928 in October. (Figures carried in *C&D* since June did not take into account seven premises which have yet to be restored to the Register pending payment of fees). There were 31 additions and 12 deletions in England (excluding London). London saw an increase of four, with eight additions and four deletions. Scotland had three additions and two deletions and Wales saw an increase of one with no deletions.

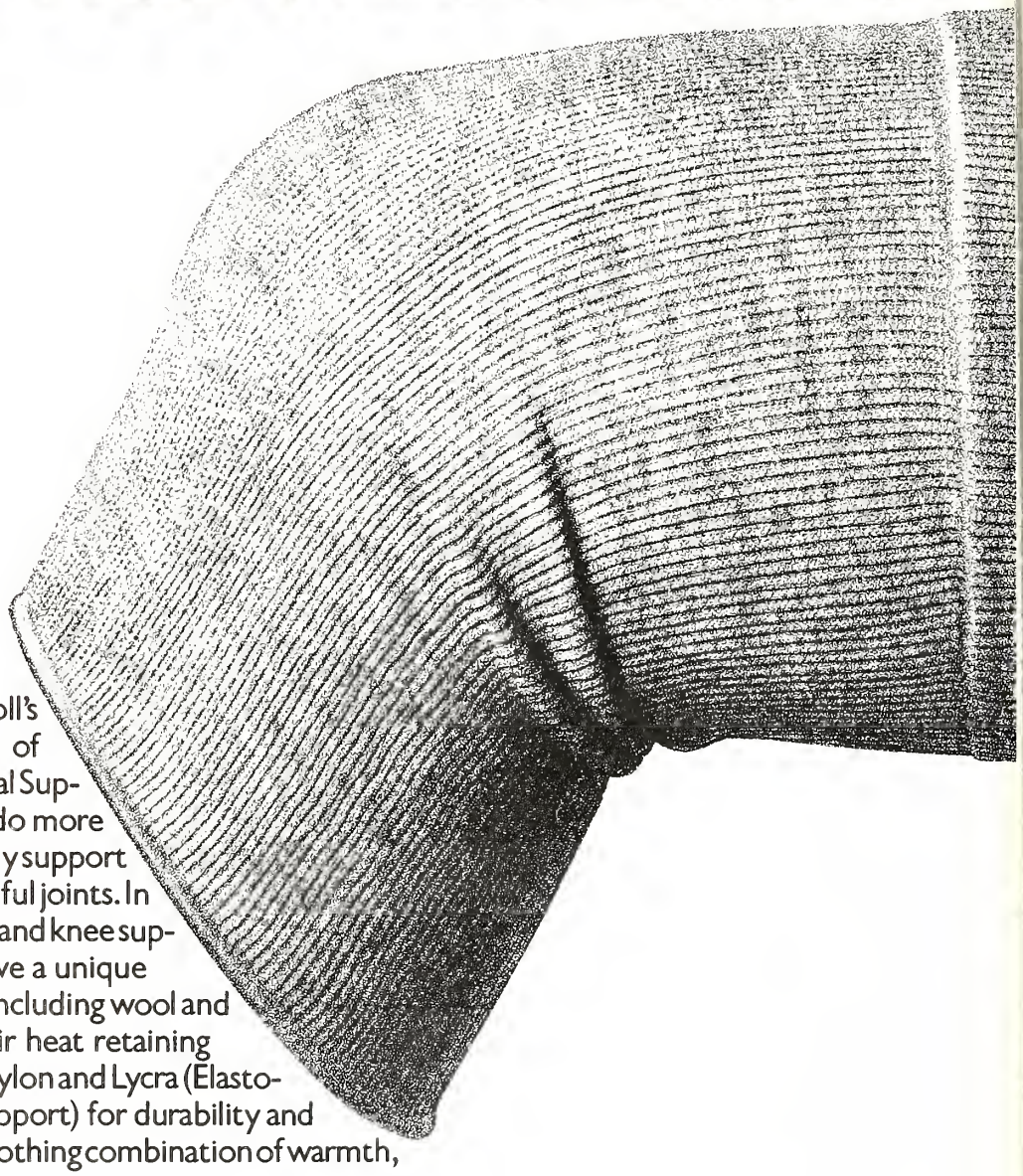
Labelling Directive

An EEC Directive of October 26, requires arrangements to be made for an expiry date to feature in plain English on the labels of all proprietary medicines.

Mr John Patten, Under Secretary for Health, in a Commons reply, said the Directive would first apply to new products and later to those already on the market. "We will be considering means of complying with these regulations' requirements. Any consequential regulations will require consultation with the industry and other interested organisations," he said.

■ The Government is considering whether any changes are required to ensure that safety standards for re-imported and imported medicines are as high as they are for those manufactured and sold in Britain.

Thermal Supporters. Painful joints will soon warm to them.



Scholl's range of Thermal Supporters do more than simply support aching, painful joints. In gloves, socks and knee supports, they have a unique blend of fibres including wool and Meraklon for their heat retaining qualities as well as nylon and Lycra (Elastodiene in the knee support) for durability and support. Providing a soothing combination of warmth, comfort and support.

The warmth offers symptomatic relief to sufferers of Arthritis, Rheumatism, Fibrositis and other muscular and joint disorders. The support helps to keep the joints in alignment.

Together they relieve pain and aid mobility, keeping joints warm and comfortable.

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TOPICAL REFLECTIONS

By Xrayser

Scottish contractors take legal action over discounts

Scottish contractors are taking legal action over the discount surcharge imposed on them by the Scottish Home and Health Department (*C&D*, October 22, p716).

At noon last Friday five pharmacists, in conjunction with the Pharmaceutical General Council (Scotland) lodged a writ in the Court of Sessions in Edinburgh.

The hearing for an interim interdict was heard on Thursday as *C&D* went to press. The writ is against the Lothian Health Board Area, the Forth Valley Health Board Area and the Secretary of State for Home and Health. The pharmacists involved come from the areas concerned.

W. Prosser, Dean of the Faculty of Advocates, is acting for the pharmacists and the General Council.

Holding back . . .

Commenting on the recently announced possibly of a surcharge reduction in England and Wales (*C&D* November 5, p824), Dr Colin Virden, Council secretary, said Scottish officals were unlikely to take any further action until the question was resolved South of the Border.

Dear Norman Fowler . . .

A London pharmacist, has asked for an assurance from the Secretary of Social Services that he will not be affected by any future clawbacks.

Mr James Rabbet has written to Norman Fowler, Secretary for Social Services, after a representative had offered him unlicensed imported prescription medicines.

Mr Rabbet writes: "I threw him out and clearly told him that I wanted nothing to do with medicines not covered by UK product licences. Under no circumstances will I ever use these parallel imports."

Mr Rabbet asks Mr Fowler to confirm he will not be affected by any future clawbacks on parallel imports.

■ Prescriptions for colostomy, ileostomy and urostomy products dispensed by chemists in England, in 1982-83 cost £13.2 million, according to Mr John Patten, Under Secretary for Health (ex fees).

Deaths

Templeton: On October 14, Mrs Sarah A. Templeton (nee Allen) of Main Street, Garvagh, co Londonderry, Northern Ireland, aged 82. Mrs Templeton registered in 1926 and was in business with her late husband in Gavagh, for many years.

Pom POMS

There seems to be a certain amount of flak flying over the methods used to promote the sales of "P" products recently released from the POM listing. The Editor had a go at the subject last week, pointing out that some "P" products, which were not advertised to the public but relied on pharmacist recommendation instead, were not as successful as the maker might have expected. Nurofen, with a brand new name to establish, was advertised on the box. Benylin and Actifed established under their own names neither get — nor need — that kind of introduction. It was suggested Franolyn ought to have had better support from us.

I agree: it ought. But in the context of the markets for cough remedies and analgesics any more is too much. Half the existing number is too much. I don't want to be embarrassed by manufacturing "friends" who may come laden with gifts, but expect automatic acceptance of their latest attempt to increase the deck cargo on a ship already laden beyond its Plimsol line.

Being pharmacy-only becomes almost a form of blackmail when we are offered yet another permutation of the set ingredients. With genuinely new products, like Imodium and the ibuprofens, it is we who should be setting the pace, according to our assessment of the needs of the patient. However, that may be a bit slow for the makers, who may not think it worthwhile.

I liked the idea of a category of goods which we might prescribe for individual people, and which should be recorded at the time. It would be an attractive concept if every pharmacy had a counter-prescribing counter complete with with angled desk and desk register for one-line entries. Not so daft either to consider the improvement in our position if it were seen that we took ourselves seriously enough to want to keep records of what we did for the people who came to us for advice, as opposed to those who came to us only as another source of supply for "Addemup's Productive Coff (or pain) reliever".

Claw-bacchus

Well! If what I can make of the news is right, I reckon I'll have a little party to celebrate. It seems I may not be going broke this financial year after all. Something wrong somewhere, since I thought that was the object of the exercise. Still we must be grateful for the efforts of the joint technical committee of the PSNC and Department of Health in producing its report at this opportune time. I'll be writing again to my MP. I shall *not* be going into the technicalities of the case because, to be honest, I can't quite grasp what they are all about. I'll trust to the fact the aforesaid committee tells me it is so, but will make the point, which must be unanswerable, that since the clawback began at the time the original findings were produced, then this substantial correcting factor must be applied immediately, by reason of the principle already established.

Special meeting

I was pleased for Mr Tanna that 110 pharmacists turned up for the meeting at Lambeth. Not surprised to read in the report, the criticism by Mr Dengar Evans of the *PJ* (moonshine?) leader, which just about sums up the responses I have heard from my fellow pharmacists, hospital and retail alike. I could not attend the meeting but cannot doubt the emotional appeal of the idea "pharmacy for pharmacists". Like Ireland for the Irish?

Great. But did no-one want to discuss the mechanisms which must be involved in such a change? Not only the financial ones — which will be thorny indeed — but the wider implications which might arise from a situation where all pharmacies were run by our rugged individualists, not necessarily amenable to persuasion. If we are to be seen as serious in our aims, then our high-powered committee had better begin life as a full-time consultative body within the profession and draw up an ideal self-regulatory constitution so it will have something worth talking about.

Because we are weak, and know it, I think we view this thing about ownership as a way to united power in the negotiating field . . . which is what at heart we are talking about. Make no mistake. It will be resisted by everyone with interests which might be affected. We are going to have to sell a new deal so good that the benefits are self-evident. To John Bull and his missus first and foremost and those dependent on them, who will respond. When they have to.

Mintel take a look at nail and lipcare . . .

Significant growth in the sales of lipstick and nail varnish is not anticipated in the latest Mintel report. Most women will continue to use both products on occasions, it concludes, with only a minority wearing them all the time. While the usage of lipstick is highest in the 45-54 age category, for nail varnish it is the 15-19 year olds followed by the 33-44s.

The lipstick and nail varnish markets are worth £48m and £26m respectively with Avon and Boots dominating both sectors. Between them they account for one-third of lipstick sales (33 per cent) by value which rises in volume terms to 38 per cent. Putting all the Max Factor brands together (including Gala) produces a value and volume share of 18 per cent. No other company hits double figures.

The Avon lead in the nail varnish market is even more commanding rising to 27 per cent by value and 26 per cent in units. Boots in this category only score 12 per cent by value and 11 per cent by volume. Again Max Factor is the only other company to achieve double figures while such names as Elizabeth Arden and Helena Rubinstein don't even put in an appearance as their shares are less than 2 per cent. A relative newcomer in the market, Constance Carroll has managed to carve a 5 per cent unit share of the nail care market.

The report notes that while supermarket sales are now a fact of life the biggest of the carded ranges, Noxell's Cover Girl, has less than a one per cent share of the markets. Marks & Spencer own brands have a bigger share than all the supermarkets put together but activity here still centres around the Christmas gift market.

Chemists account for around half the sales in both markets, Boots taking the lions share (30 per cent), about half of these with their own brands. Direct selling notches up a 25 per cent share, mostly by Avon.

Finally, figures on advertising, Mintel note, show a dramatic fall in expenditure. Whereas in 1979 more than £1m was spent in both markets, in 1982 this had fallen to £593,000 for lipstick and £771,000 for nail polish. *Mintel Publications Ltd, 7 Arundel Street, London WC2R 3DR.*

Freddie Brown, divisional director of Philips small appliances, was mixing with the stars recently at the finals of the Philishave / Daily Star Look Alikes competition. Pictured are the real Freddie Brown, fellow judge Prince Charles (also known at Peter Hugo) and the two winners Telly Savalas (Benny Marshall from Glasgow) and Liza Minelli (Monica Law of Barnsley). Each wins a two-week holiday in Holywood

. . . And set the scene in photographic

In last year's £210m photographic equipment market chemists took 25 per cent of sales (excluding Boots at 15 per cent), just behind photographic dealers with a 27 per cent share. Dixons had a 15 per cent market share while "others" took 18 per cent.

However, Mintel figures just published show that all chemists, including Boots, do less well if camera sales alone are examined. Sales of 27 per cent in chemists compare with sales through photographic dealers, including Dixons, of 33 per cent (Sales for equipment, including cameras are dealers 42 per cent and chemists 40 per cent).

Sales of cameras still accounted for 67 per cent of all equipment sales in 1982, with 35mm SLR and 35mm compact cameras taking 66 per cent of the segment.

Companies spent £21.5m advertising cameras and films in 1982 (£13.7m in 1981): corresponding media figures for film processing are £7.9m (£3.8m).

A survey by Mintel in February of this year shows the 110 camera format is owned by more people than any other type (19 per cent). However, 31 per cent of the 1,609 respondents do not own a camera. The 126 format is owned by 16 per cent of the sample, the 35mm format by 13 per cent, the instant format by 12 per cent and the 35mm compact format by 6 per cent.

Mintel say the £140m market for film is split 54 per cent, colour negative; 19 per cent, instant film; 12 per cent, colour reversal; 10 per cent, cine film; 4 per cent black and white, and others, 1 per cent (by value).

A July survey of the sources used by 1,027 adults for film processing over the previous three months shows mail order is top with 15 per cent: the figures refer to method and not the amount spent. Boots and other chemists come next in popularity with a 12 per cent share, fast development shops follow with 6 per cent just ahead of photographic shops, 5 per cent — 61 per cent of the sample had not had a film processed in the period or did not know the processor. *Mintel Publications Ltd, 7 Arundel Street, London WC2R 3DR.*

Low-salt spread

A low-salt version of Natex savoury spread has been introduced by Modern Health Products. The 125g jar (£0.99) contains less than 1.25g of salt compared to an average of some 13 per cent salt in other yeast extract products say Modern Health. Natex can be used as a savoury spread, to add flavour to gravies, soups, stews and casseroles or as a hot drink. It comes 15 jars to a case. *Modern Health Products Ltd, Davis Road, Chessington, Surrey.*

■ The on-counter date for the J'ai Osé and Fidji de luxe atomisers is March 16 and not January 14 as *C&D* was originally notified.

Richards and Appleby are introducing a new Nailoid display stand in conjunction with a promotion on colorglaze nail polish. The stand contains 21 new season colours at a promotional price of £0.45 per bottle — a saving of £0.20. Richards & Appleby Ltd, Rusham Park, Whitehall Lane, Egham, Surrey TW20 9NW

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will be big business soon

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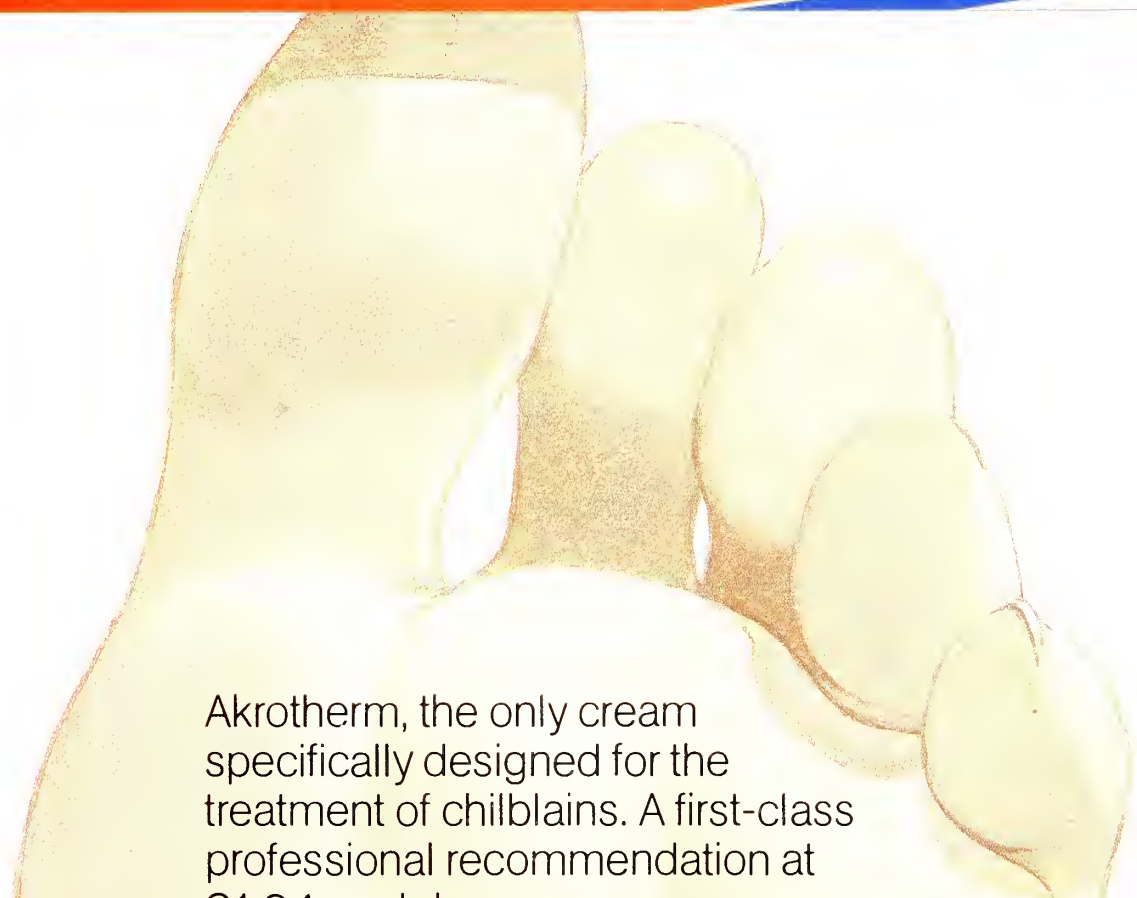
Chilblain Cream

NAPP



Akrotherm, the only cream specifically designed for the treatment of chilblains. A first-class professional recommendation at £1·04 per tube r.r.p.

GET YOUR WINTER STOCKS NOW!

Talk to your Napp Representative or usual wholesaler right away!

DON'T MISS IT!

Further information available on request from Napp Laboratories Limited, The Science Park, Cambridge CB4 4BH. Member of Napp Pharmaceutical Group.

NAPP

Bath additive under Savlon banner

Care Laboratories are introducing Savlon medicated bath additive, a 25ml sachet concentrate available in cartons of six (£1.45). One sachet is sufficient for one bath, they say. No soap or additional cleansing agent is required. Active ingredients are Hibitane and Cetavlon. *Care Laboratories, Badminton Court, Amersham, Bucks.*

ON TV NEXT WEEK

Ln	London	**WW**	Wales & West	**We**	Westward
M	Midlands	**So**	South	**B**	Border
Lc	Lancs	**NE**	North-east	**G**	Grampian
Y	Yorkshire	**A**	Anglia	**E**	Eireann
Sc	Scotland	**U**	Ulster	**CI**	Channel Is
Bf	Breakfast Television			**C4**	Channel 4

Alberto VO5 range:	Ln,M,Lc,Y,Sc,WW,NE,A
Askit powders:	Sc
Bic razors:	All except U
Braun personal care:	All areas, C4
Braun shavers:	All areas, C4
Cold Care:	All areas
Complan:	All except A,M,CI,E
Complete Care:	Ln,M,G
Corimist range:	M,Y,So
Crookes One-a-day:	All except CI
Duracell:	All except Ln
Duralin:	All areas, C4,Bt
Euthymol toothpaste:	Ln, C4(Ln)
Fairy toilet soap:	All except We,CI
Karvol capsules:	All areas
Natrena sweeteners:	Sc,WW,B,G
Numark promotion:	U
Nurofen:	All except CI
Oil of Ulay:	All areas
Paddington junior vitamins:	B
Pampers disposable nappies:	All except Lc
Peaudouce babyslips:	All C4 areas
Redoxon multivitamins range:	Lc,Sc,So
Revlon Flex range:	Ln,M,Y,So
Sanatogen vitamins:	All areas
Scholl Soft Step sandals:	M,Sc,G
Sinutab:	All areas
Strepsils:	All areas
Swivel razor:	Ln, all C4 areas
Vapo-lem:	Y
Vicks expectorant cough syrup:	All areas
Vicks Synex:	Ln, Lc,WW,NE,A
Vita Fiber:	M,So,NE
Wright's coal tar soap:	Ln,Y,So
Yardley Gold:	Ln

When Lomie the gorilla caught a cold, keeper Mike Clarkson knew he was going to need a "lotta bottle" this Winter. He looks after the gorillas, orang-utans and chimps at Blackpool Zoo. For the past 10 years the zoo has been buying Olbas Oil at local chemists to spinkle on the apes' bedding straw, so that they can inhale the vapours. During a sneezing Winter a lot of bottles of Olbas Oil get used, for it is sold only in small quantities. However manufacturers G.R. Lane Health Products helped out with a one-litre bottle.

"Gorillas and other apes feel most uncomfortable with a cold. They're just like humans," says George Edwards, Blackpool Zoo's assistant director. "We discovered Olbas Oil 10 years ago and we've been using it ever since."

Magnetic foil for aches and pains

Energy Pak (£9.84) is claimed as a new therapy based on magnetism assisting the body's natural healing processes.

The device has small magnetic cores embedded in a rubberised pad with a gold foil backing. It is adhesive and the distributors say it can be worn for up to seven days at a time. The magnetic force delivered is said to have a flux density of 500 gauss reaching a depth of 7mm. The foil can be re-used as it is claimed not to lose its magnetism.

When applied to the body the areas underneath the Energy Pak and immediately surrounding it are said to become warmer. It is claimed that the magnetic field causes blood vessels to dilate. Thermographic studies are claimed to have shown that these areas are about 2°C warmer than the surrounding area.

Energy Pak is said to be useful for problems such as: inflamed joint illnesses; joint and limb pains; muscular tension; back pains, and neuralgia. *Gee's Generics, 62 Chiswick High Road, London W4 1SY.*

back pains, and neuralgia. *Gee's Generics, 62 Chiswick High Road, London W4 1SY.*

On Autumn bonus

Autumn bonus deals now available on Afrazine and Algispray. While Afrazine is available as up to 16 as 12 orders for 12 and 24 Algispray will be supplied as 14 and 30 respectively. *Kirby Warrick Pharmaceuticals Ltd, Mildenhall, Bury St Edmunds, Suffolk IP28 7AX.*

BABIES DON'T JUST DRINK MILK.

At Last The Juice Teat

Whether a baby is breastfed or bottle fed, by the time he is one month old he will both enjoy and benefit from regular juice drinks.

So what could be a more natural way to give juice to a baby than with his own special Juice Feeder?

And naturally the new Juice range is unique to Nursery. The very latest in the Nursery range of products by Griptight, the Juice range is poised to open up a refreshing new market opportunity for you.

The new Juice Teat is made from soft moulded rubber and is specially designed to cope with anything from diluted syrup to natural fruit juices and extracts. Hygienically sealed in see-through blister packs, they are supplied in outers of 15, giving you a colourful pop-up counter display.

There's a 125ml Juice Feeder too, attractively decorated with a fruit pattern so mothers can easily distinguish it from their milk feeders.

And probably the brightest idea of all! The Juice Trainer. Absolutely unique, the Juice Trainer attachment fits neatly onto the Juice Feeder and **simply takes the place of the teat,** giving a brand new drinking vessel that bridges that vital gap in the market between teat and training cup.

Cleverly shaped to fit the mouths of young babies, the Juice Trainer is designed to help babies progress in feeding development.

And mouthwatering new packaging will ensure that very soon mothers will be automatically asking for Nursery Juice products when they buy their baby drinks. It's only natural.

Talk to your wholesaler now. And get just a taste of the rich pickings to come.

At Last The Juice Trainer

NURSERY
A RANGE OF PRODUCTS BY GRIPTIGHT

The Nursery range of products includes teats, nipple shields, feeders, soothers, disposables and baby wipes
Further details of all our products can be obtained from Karen Brazier, Customer Services, Lewis Woolf Griptight Limited, Oakfield Road, Selly Oak, Birmingham B29 7EE. Tel: 021-472 4211

Metatone Tonic

The extra help they need.

When your customers are feeling run-down or recovering from illness, METATONE is just the tonic to recommend.

Its unique vitamin and mineral formula speeds recovery after illness and helps to "pick-you-up." That's why doctors prescribe METATONE more than any other tonic.

Metatone*

PARKE-DAVIS

The extra help they need.

WARNER LAMBERT

Data sheet available on request from: Warner-Lambert (U.K.) Limited, Southampton Road, Eastleigh, Hampshire. Tel: 0703 619791

*Trademark R83287

COUNTERPOINTS

Insette — then there were four

Three new Insette mousse products are to be launched. An economy size 170g pack (£2.49) giving approximately thirty applications is now available. This size has previously only been available through hairdressers.

Insette mousse extra hold (120g, £1.65) is said to be ideal for fly-away hair increasing holding power without recourse to extra hairspray while Insette for Men (75g, £1.22) is described as a light foam to "ensure day-long perfect grooming whilst keeping the hair in perfect condition".

Currently on air in Granada and Yorkshire television areas, Insette is to roll out shortly in Harlech, Tyne Tees and STV. In addition, a £50,000 magazine campaign is to run through to January. Half page colour advertisements will appear in: *Woman, Woman's Weekly, Options, Woman's World, Honey, '19', Look Now, Hers, Woman's Journal, Woman & Home, 19 Hair Book, My Guy, Oh Boy, No. 1, Argus 3, Patches, Blue Jeans, Jackie, Annabel, Cosmopolitan, Company, Over 21* and *She. LEC (Liverpool) Ltd, LEC House, 4 Picton Road, Liverpool L15 4LH.*

This Tri-ac counter dispenser holds 12 × 75ml and 6 × 125ml bottles together with 50 leaflets. As the product is Pharmacy-only the display is covered to prevent customer self-selection. Gibbs Pharmaceuticals, PO Box 1DY, Portman Square, London W1A 1DY

Photokis films with Disney appeal

Photokis are introducing a 100 ASA, C41 process colour print film in 110-24, 126-24, 135-24 and 135-36 sizes. Packaging and promotional material will feature Disney cartoon characters and is linked to the films in current distribution — "Jungle Book" and "Mickey's Christmas Carol".

The films are packed in outers of 100 with a minimum carriage paid order of two outers. Suggested retail prices for the 24-exposure film will be around £1.86 and for 36-exposure around £2.54. Final details of SRPs and trade prices are being finalised by *Kis Services (UK) Ltd, Kis House, South Bank Business Centre, Unit A, Nine Elms Lane, London SW8 5BA.*

Fashion Style home perm is being repackaged and a third variant, bodywaves, is added to the range to give "lift and body to any hair type." It is suitable for use on longer hair and on bleached and colour-treated hair, says the company. Packs have been re-designed. Warner-Lambert Healthcare division, Mitchell House, Southampton Road, Eastleigh, Hants

Stamp collecting — with Wisdom

Addis are to run a stamp offer to boost the sales of the Wisdom nylon toothbrush. To obtain 20 free collectors' stamps, with a catalogue value of £1, customers are invited to send in the empty toothbrush pack and a second class stamp. The offer runs until March 31 next year. Packs, outers and shelf strips carry details of the offer and leaflets have been produced for use with Wisdom nylon packs already in stock. *Addis Ltd, Ware Road, Hertford.*

Price List notices

Optimine (Kirby Warrick). Due to misinformation from the manufacturers the prices quoted for Optimine in last week's Stop Press were incorrect. Please see this week's Supplement for the corrected prices. We apologise for any inconvenience.

Rotersept spray. The Price List Service would like to point out that Rotersept spray has not been withdrawn. Roterpharma are now responsible for their own distribution as shown in the November Price List.

Kolantyl tablets. 50s have been discontinued. The 500ml gel is still available.

Pholcomed pastilles

The pack size of Pholcomed pastilles has been reduced from 30 to 20 pastilles, the 30 pastille pack being discontinued. The basic NHS price of the 20 pastille pack is £0.57, and the retail price is £0.98. The composition of the pastilles is unchanged (Pholcodine BP 4mg, Papaverine HCL BP 1mg). *Medo Pharmaceuticals Ltd, Unit 3, Jacksons Industrial Park, Wessex Road, Bourne End, Bucks HP5 1EF.*

COUNTERPOINTS

For the moment of temptation

"Judicious use of a Balance snack bar (40g, £0.29) at a moment of temptation may help you avoid a diet-wrecking binge," according to the product's distributors, Brewhurst Healthfood Supplies. However, the bar is not a slimming or low calorie bar, providing 614KJ per packet of 40g.

It contains raisins, apple, rice crispies and roasted hazelnuts with a low fat chocolate coating giving a "nutritionally balanced snack," says the company.

The snack bar is claimed to be suitable for diabetics because the guar gum in the bar is said to slow absorption of glucose, avoiding large fluctuations in blood sugar levels.

The product is to be supported by advertisements in health food consumer magazines, *Balance* (produced by the British Diabetic Association) and *Slimming Magazine*. POS material will also be available. *Brewhurst Healthfood Supplies, West Blyfleet, Surrey.*

Rohit Kotecha, MPS (left), receiving a portable colour television from Brian Arnold, regional sales manager, LRC Products, for winning an LRC "Guess the weight" competition at the recent Chemex Exhibition. Mr Kotecha is usually to be found solving other weighty problems at Niemans Chemist, Bywood Street, London EC3

PRESCRIPTION SPECIALITIES

Cefizox injection

Manufacturer Wellcome medical division, Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire CW1 1UB
Description Vials containing 500mg, 1g and 2g of ceftizoxime as its sterile sodium salt. Ceftizoxime sodium is a white to pale yellow crystalline powder. For each gram of ceftizoxime there is approximately 60mg (2.6mmol) of sodium
Indications Lower respiratory tract infections, genito-urinary tract infections including gonorrhoea, intra-abdominal infections, septicaemia, skin and soft tissue infections
Dosage May be given by slow intravenous injection, by continuous or intermittant intravenous infusion or by deep intramuscular injection. Dosage and route of administration should be determined by the patient's condition, severity of the infection and susceptibility of the causative organisms. *See data sheet for dose schedules.* Not recommended for children under 3 months old
Contraindications, warnings, etc Hypersensitivity to cephalosporin antibiotics. Should be given cautiously to penicillin-sensitive patients. Dose may need modification in patients with impaired renal function. Most common adverse reactions have been local following im or iv injection including: burning; cellulitis; pain; induration tenderness; paraesthesia, and phlebitis. Other adverse reactions include: hypersensitivity reactions; gastrointenstinal disturbance; vaginitis; transient eosinophilia, and thrombocytosis
Further information Ceftizoxime is not metabolised and is excreted virtually unchanged by the kidneys within 24 hours, providing high urinary concentrations. It passes readily into various body fluids and tissues, including those of the full-term foetus. It is excreted into breast milk. A false positive reaction to glucose may occur with reducing substances but not with specific oxidase methods
Pharmaceutical precautions Protect from light. Reconstituted solutions are stable for 8 hours at room temperature
Packs 0.5g vial (£2.76 trade), 1g vial (£5.50 trade) and 2g vial (£11 trade)
Supply restrictions Pharmacy only
Issued November 1983

Chenocedon capsules

Manufacturer Tillots Laboratories, Unit 24, Henlow Trading Estate, Henlow, Beds
Description Hard gelatin size 1 capsules with green cap and blue body. Each capsule contains 250mg chenodeoxycholic acid
Indications Dissolution of gallstones in a functioning gall bladder, in patients with a high surgery risk or where surgery is contraindicated. Gallstones treated with this therapy should be radiolucent
Dosage *Adults* 15mg per kg body weight per day, ie three to five capsules daily preferably before meals. Treatment may last up to two years and radiological examination should be done every six months. No dose recommendation for children
Contraindications, warnings, etc As for other preparations of chenodeoxycholic acid
Packs 100 capsules (£17 NHS)
Supply restrictions Prescription only
Issued November 1983

Colourless Merbentyl

Merbentyl syrup is now colourless to conform with EEC regulations. Flavour and price are unchanged.

Merrell remind pharmacists that if a dose of 5ml Merbentyl syrup or one Merbentyl tablet or less is recommended the products are classified Pharmacy only and may be relabelled as such. The products fall into the POM category following labelling changes (*C&D* October 8, p620). *Merrell Pharmaceuticals Ltd, Rusham Park, Whitehall Lane, Egham, Surrey.*

Nizoral suspension

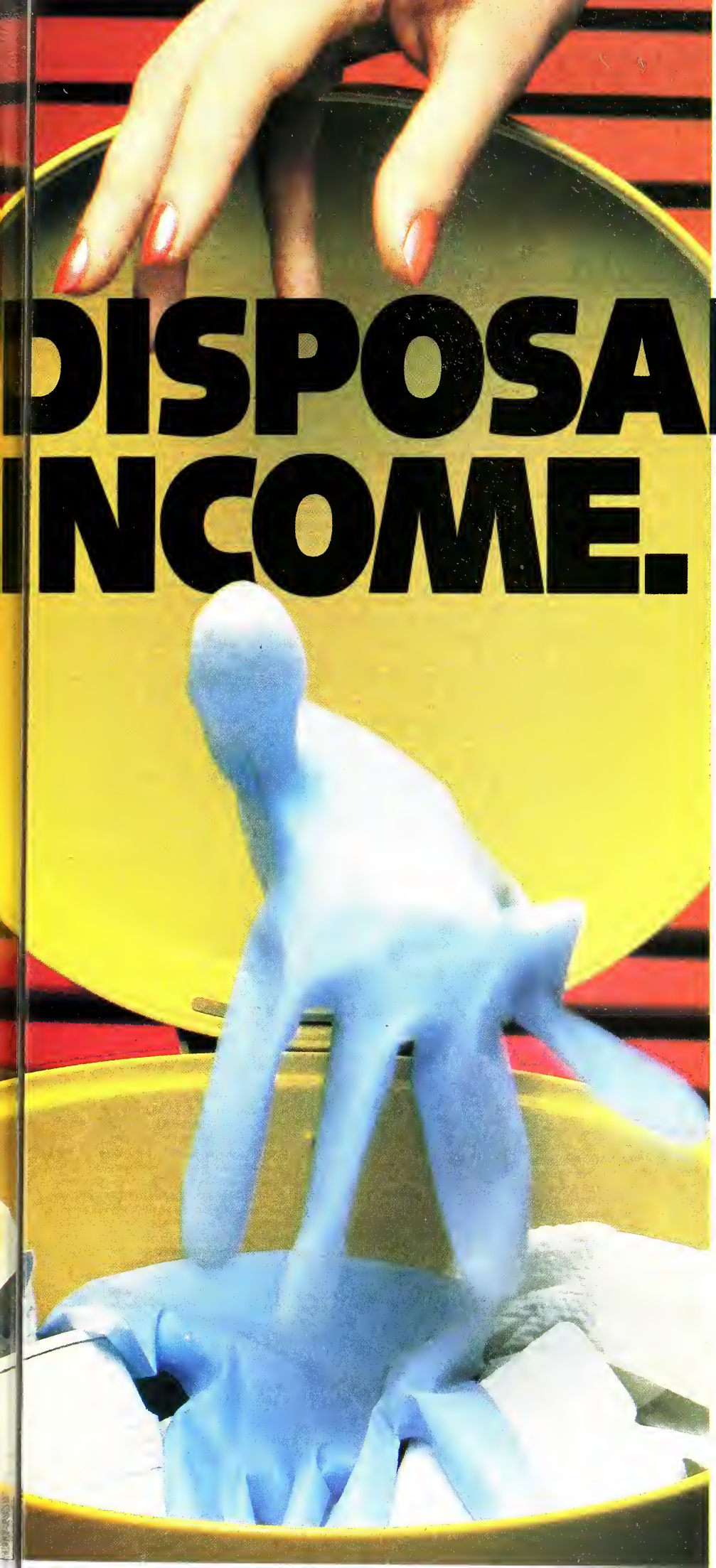
Nizoral, a broad spectrum anti-mycotic from Janssen, is now available as a suspension. The 100ml bottles (NHS price £6.51) contain a pink cherry flavoured liquid with 20mg/ml of ketoconazole.

The new formulation is likely to be of most value in the treatment of the elderly and severely immuno-compromised patients, including children who have difficulty in swallowing, says the company. *Janssen Pharmaceutical Ltd, Janssen House, Chapel Street, Marlow, Bucks SL7 1ET.*

POM to P

Merell's antihistamine Triludan is to be reclassified, and from November 25 will be a Pharmacy only product. Under Section 59 of the Medicines Act the drug is at present Prescription Only. *Merrell Pharmaceuticals Ltd, Rusham Park, Whitehall Lane, Egham, Surrey.*

■ Packaging of Ecostatin products will change from Fair Laboratories to Squibb during November and December. The price structure is unchanged. *E.R. Squibb & Sons Ltd, Reeds Lane, Moreton Merseyside L46 1QW.*



DISPOSABLE INCOME.

Introducing new Pretty Handy disposable gloves.

An exciting new source of income from Marigold – the name in household gloves.

Pretty versatile; new Pretty Handy have a million and one uses around the house, making light work of those messy one-off jobs.

Pretty practical; easy to put on (all gloves are sprinkled with a fine film of powder) and snug fitting, simply use them once then throw them away.

Pretty tough; new Marigold disposables are light and sensitive, yet surprisingly strong.

Pretty colourful; each eye-catching flat-pack contains 10 gloves of mixed colours … delicate pink, brilliant blue, classic white.

Pretty profitable; new Marigolds can be displayed alongside other disposable products – tissues, bin liners, household cleaning items – so merchandising and profit potential is enormous.

Pretty Handy; place your order with Numark or Unichem or call your LRC sales rep. Pretty soon.

Marigold HOUSEGLOVES

PRETTY HANDY

10 DISPOSABLE GLOVES

for those messy one-off jobs

PRETTY HANDY

Marigold HOUSEGLOVES

By Mr R.J. Greene and Dr N.D. Harris, Chelsea College department of pharmacy, University of London

GI tract pt 2a: Disorders of the oesophagus

This article will consider common diseases of the oesophagus. Oesophagitis, along with gastritis and peptic ulcer, are responsible for the vast majority of the symptoms of dypepsia and dysphagia (difficulty in swallowing) which account for most upper GI complaints. As with symptoms in other systems, it is important to be able to distinguish between simple disorders, amenable to pharmaceutical intervention in the form of advice or OTC medication, and more serious diseases requiring medical treatment.

The oesophagus is ostensibly a very simple structure, hardly meriting description as an organ. Yet symptoms arise here with surprising frequency and, perhaps more surprisingly, their pathophysiology is often elusive. Even the detailed anatomy of the oesophagus is not wholly agreed upon.

Structure and Function: The motility of the oesophagus is similar to that of the rest of the gut. The stimulus of swallowing and dilatation of the upper part initiates a peristaltic wave, which is co-ordinated with relaxation of the upper oesophageal and the gastro-oesophageal sphincters at appropriate times. However, not all physiologists agree on the unique identity of these structures as sphincters, since they are little differentiated from the regular circular muscle found throughout the gut.

The upper sphincter undoubtedly acts as a barrier to accidental swallowing because it is usually constricted except when swallowing. The lower one is more problematic, and some authorities claim that the main barrier preventing continual reflux of gastric contents into the lower oesophagus is the anatomical relationship between the end of the oesophagus and the upper part of the stomach (the cardia). Normally this produces a kink which prevents reflux, and this is aided by the small pressure difference between the thorax and the abdomen. However, the junction is usually closed and there is probably some sphincter muscle action involved. But this barrier is subtle and easily disturbed: hence *reflux oesophagitis* caused by regurgitation of stomach contents is not uncommon. It may be exacerbated by any herniation of the stomach through the diaphragm, ie *hiatus hernia* (a hernia is a protrusion of an organ through a muscle coat).

The mucosal lining of the oesophagus simply provides mucus to lubricate swallowing: obviously saliva performs a similar function. There is some evidence that the mucosa of the lower part particularly has a similar cyto-protective function to that of other parts of the gut against auto-digestion, so allowing for some reflux without adverse effect.

It follows from the simple structure of the oesophagus that there are only a limited number of possible mechanisms of disorder. These usually involve obstruction, valve incompetence, direct damage or haemorrhagic problems. Symptoms do not always give very precise clues, as is often the case in the gut, and detailed investigation is usually necessary if the problem is severe or persistent.

Obstruction may be caused simply by a foreign body or tumour, by neuro-muscular inco-ordination or spasm, or by a *stricture*, ie narrowing of the lumen by scar tissue resulting from chronic damage. Spasm of the gastro-oesophageal sphincter or *achalasia* (literally meaning "failure to relax") is also possible: the main symptom here would be dysphagia.

An **incompetent gastro-oesophageal valve**, due either to a neuromuscular problem giving lack of muscle tone or to a disturbance of the anatomical mechanism, will permit some reflux of gastric contents and thus may produce inflammation and pain (reflux oesophagitis).

Oesophageal damage can be caused by swallowing any corrosive substance, or by certain drugs. *Tetracyclines, emepronium bromide* and *ferrous sulphate* are the main offenders, but many drugs can cause inflammation if incompletely swallowed.

Bleeding of the oesophagus can be due to severe damage and inflammation from exogenous or idiopathic causes, or may occur from *oesophageal varices*. These arise when portal blood flow through the liver is impaired by severe liver disease, especially alcoholic cirrhosis. The massive blood flow from the gut which usually passes through the hepatic portal vein is re-directed through unobstructed oesophageal (and rectal) vessels, which become congested, enlarged and easily ruptured. A bleeding varicosity usually produces a severe haemorrhage and is a medical emergency.

Signs, symptoms and investigation

The two predominant symtoms of oesophageal disorder are pain and dysphagia. Most pain is due to mucosal inflammation and is typically *dyspeptic*. It is described as heartburn, stabbing or burning, rather than the usally constricting effect of cardiac pain which may occur in the same general area of the chest. Classically the pain of oesophagitis is found to be retrosternal (behind the sternum) but it may radiate into the arms, neck or jaw, or even be referred there, thus confusing the diagnosis by mimicking severe angina or mild myocardial infarction. Further questioning of the patient will usually reveal an association with meals or certain foods, with posture (it is intensified by bending forwards of lying back) and with the sensation of regurgitation, even into the mouth. Rapid relief with antacids is also diagnostic. Taken together these symptoms clearly point to what is known as "reflex oesophagitis", although this term tells us little about the cause. Moreover, without regurgitation or postural changes the picture is difficult to distinguish from gastritis.

Pain from oesophageal spasm is less characteristic and even more easily confused with cardiac pain. Fortunately it is rarer. Anorexia, and possibly nausea, may be secondary features of pain of either type.

Dysphagia is probably a more sinister symptom, for though it could be simply secondary to pain it could also arise from a neoplastic obstruction. It always warrants careful investigation. Not suprisingly dysphagia may be associated with secondary anorexia, nausea or vomiting. It is important to ascertain, if a patient claims to have difficulty swallowing, whether this is to be taken literally or simply as a way of describing reflex nausea and vomiting.

Oesophageal bleeding is quite rare. Of course any vomiting of blood (haematemesis) requires prompt medical attention, and it is not possible to ascertain the origin of blood — oesophageal, gastric or even duodenal — without investigation. However, partially

digested blood, giving "coffee grounds" vomitus, is unlikely to be oesophageal in origin.

A careful history is always important in gastroenterology to ascertain the pattern of symptoms. The frequency, intensity, site, trigger factors and factors which give relief are all important clues. Nevertheless, most physicians nowadays would order a "barium swallow and follow through", so that the anatomy and motility of the oesophagus, including acid reflux, can be visualised. Endoscopy is more convincing but also more expensive. In rare cases where the diagnosis is very obscure, oesophageal manometry, in which pressures at various points during swallowing are monitored, sometimes gives valuable information.

Clinical conditions

Partly because of the disagreement over the importance of the gastro-oesophageal sphincter, there is come confusion over the terminology of common oesophageal disorders. *Reflux oesophagitis* describes the condition of dyspeptic retrosternal pain related to regurgitation, but it is primarily a descriptive classification. *Hiatus hernia* is, on the other hand, a distinct anatomical defect where the gastro-oesophageal junction is displaced from its normal site at the point level with the diaphragm where the oesophagus joins the stomach (see Fig. 1). Both the sliding (or "rolling") type of hiatus hernia and the para-oesophageal hernia can impair the efficiency of the valve, permitting reflux. Formerly, patients with reflux oesophagitis were automatically diagnosed as having hiatus hernia because of this close association.

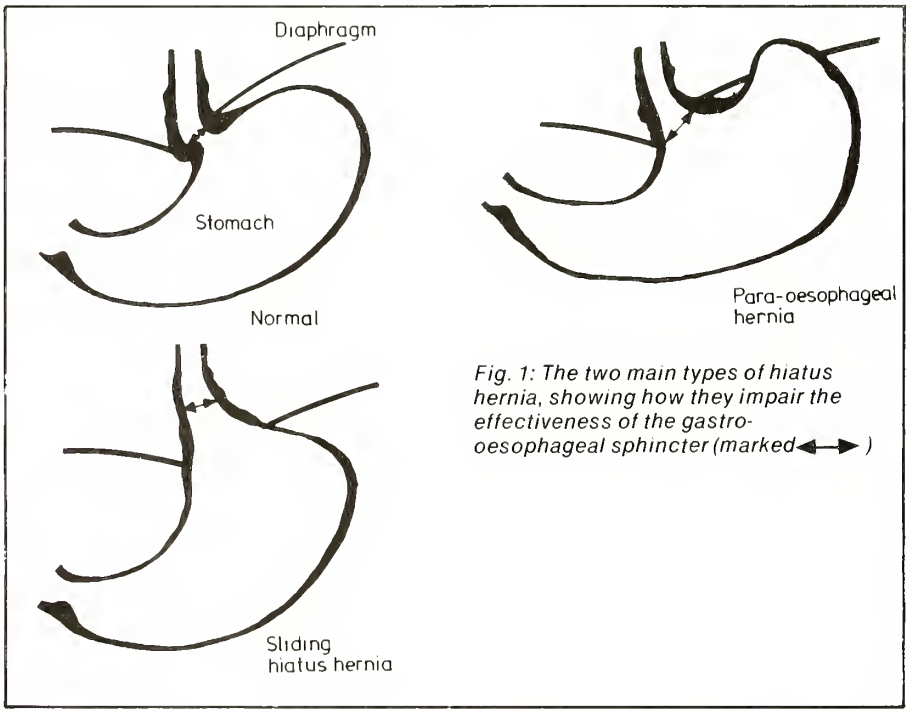


Fig. 1: The two main types of hiatus hernia, showing how they impair the effectiveness of the gastro-oesophageal sphincter (marked ◄►)

The picture is now known to be more complicated. Most patients with hiatus hernia will have some gastric reflux, but not all; nor does a hiatus hernia necessarily cause any adverse oesophageal symptoms. Indeed the condition is quite common (up to 30 per cent of the population) and is usually symptomless. Likewise many patients with demonstrable reflux do not have any

Continued on p880

Continued from p879

Hiatus hernia — a congenital defect

clearly defined herniation, and may also be asymptomatic. The situation may be represented by Fig. 2. Thus diagnosis now strives to be more precise about the causes of any symptoms, because investigations may demonstrate an abnormality which is not in fact responsible for the symptoms presented by the patient. Yet differentation is important, because hiatus hernia may be completely cured surgically, whereas a simple reflux, possibly due to an incompetent gastro-oesophageal sphincter, is less easy to treat. Oesophagitis is more common among middle-aged and elderly women, but increased intra-abdominal pressure, eg owing to pregnancy, constipation or obesity, can predispose anyone. Hiatus hernia itself seems to be a congenital defect and the causes for an otherwise incompetent valve are not known.

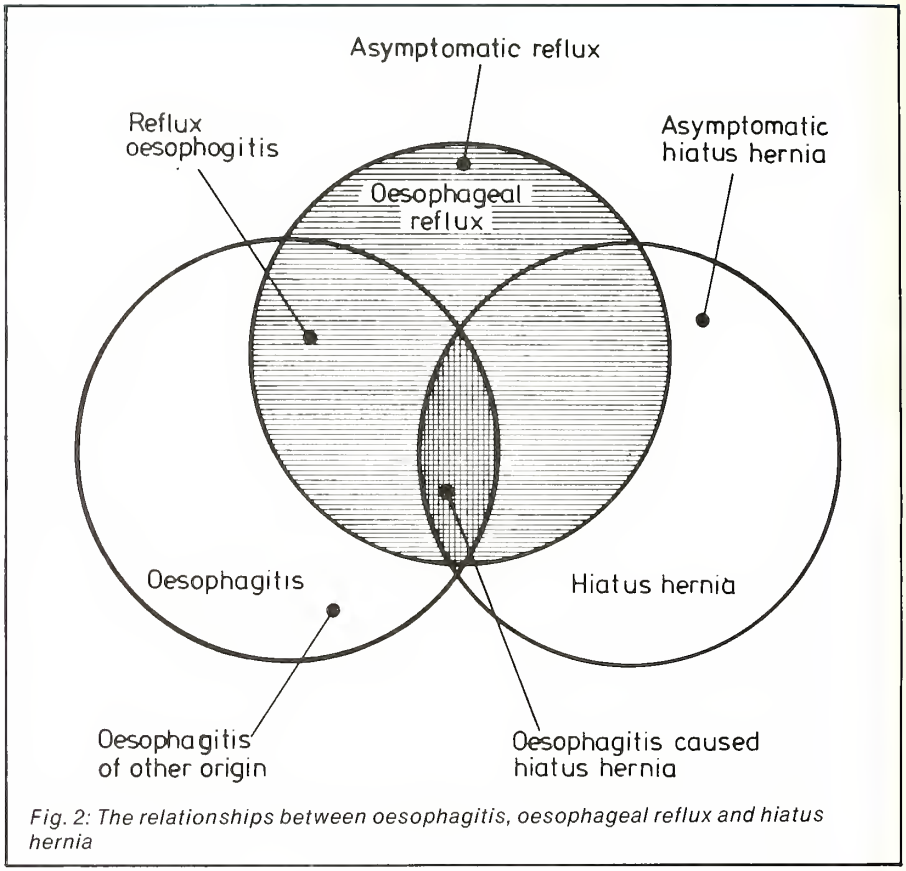


Fig. 2: The relationships between oesophagitis, oesophageal reflux and hiatus hernia

Management

The first aim, as usual, is to attempt a precise diagnosis or at least to eliminate potentially serious conditions such as tumour, stricture, major hernia or varices, and reversible problems associated with, for example, the ingestion of certain drugs. Once these have been eliminated it may be impracticable or unwise to pursue more heroic or complex investigations if the condition does not cause the patient excessive distress. The most important aspect then is reassurance that the condition is not serious and probably doesn't require surgery.

For serious hiatus hernia and persistent reflux oseophagitis requiring excessive medication, or for achalasia, surgery might be needed, but otherwise a graded series of interventions of increasing specificity should be advised without even the need to ascertain exactly whether the cause of oesophagitis and dyspepsia is sphincter incompetence, a mild hernia, or is unknown. In practice the most treatment is symptomatic, and it is usually successful.

Simple measures to minimise reflux should be recommended at first, and the pharmacist can certainly help here by reinforcing medical advice. Meals should be modest in size and obviously specific foods which cause distress avoided. Smoking and alcohol exacerbate most oesophagitis, as do coffee and some OTC drugs, notably aspirin. Prescribed drugs should not be overlooked either. Postural influences may be minimized by bending from the knees rather than from the back (sound advice orthopaedically anyway) and sleeping with several pillows or a raised bedhead, like cardiac patients. This advice is best given in the context of a simple explanation of the probable causes of the problem, so that the patient understands its aim. Finally, and again good general advice, obesity or constipation must be dealt with.

The patient will usually derive substantial, rapid benefit from the **antacids**, but at first these should be taken only as required. The usual precautions about antacids, discussed in part 2b, should be observed. If the problem persists, perhaps regular or prophylactic antacids should be considered. The importance of a prompt response to symptoms should be emphasised to the patient, since this helps minimise inflammation, damage and possible subsequent strictures. The use of **alginate** preparations (eg. Gaviscon) may help some patients although there is no compelling evidence of their superiority over plain antacids.

If simple efforts to reduce reflux and acidity are inadequate, some patients may obtain relief from an **H_2-blocker.** However it could be argued that for suitable patients surgery might be more appropriate if things become serious, since therapy would otherwise have to unduly protracted.

Surgical repair of most hernias is relatively straightforward in patients suitable for surgery. Even in the absence of a hernia, some manipulation of the gastro-oesophageal junction may be possible to improve the resting closure. For moderate stricture or for achalasia, simple dilation is often successful, using a pneumatically inflatable bag. More severe achalasia can really only be eliminated by re-fashioning the sphincter, by removing some of the muscle (oesophagomytomy).

■ *Part 2b of the GI tract will be published next week, and deals with gastritis and peptic ulcer.*

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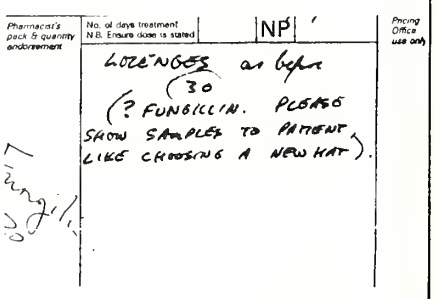

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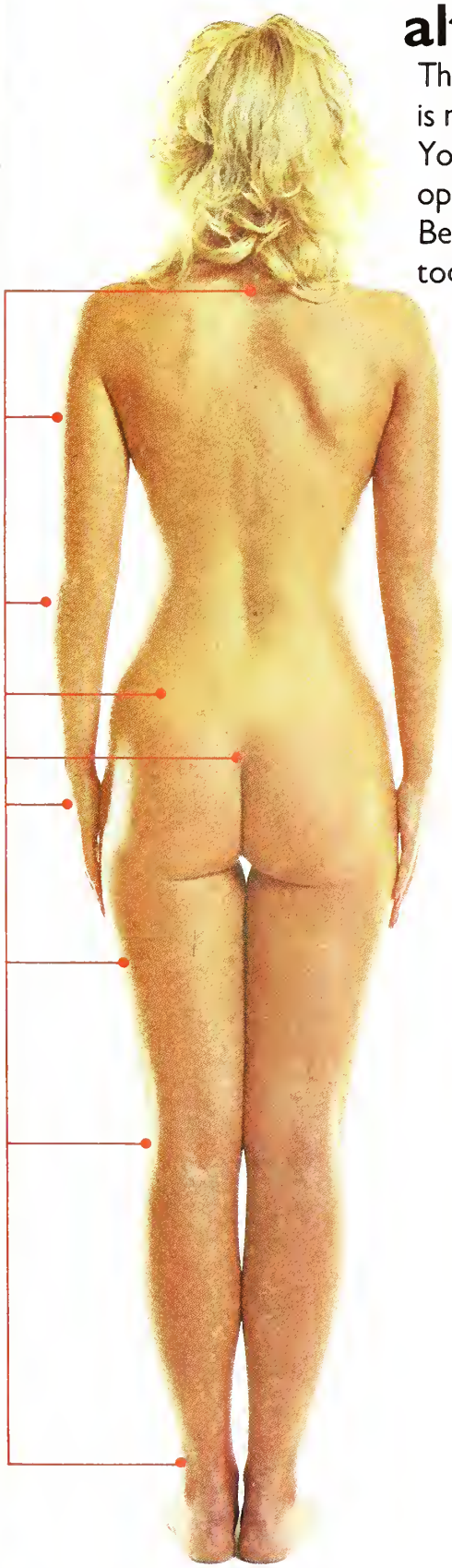

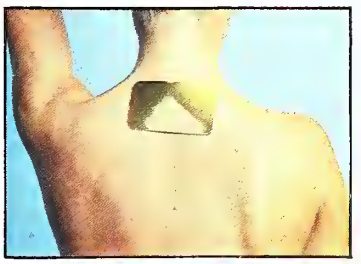

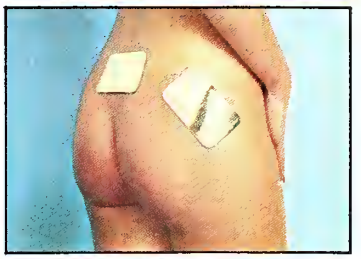

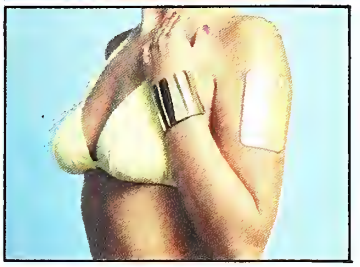

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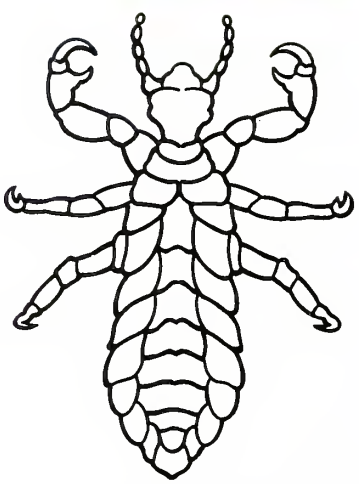

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To get results we must mobilise public opinion

Mr K.C. Sims, a member of Dorset LPC, created quite a stir with his recent article on rural dispensing (*C&D* August 13, p258). Now he reviews its local effects.

In my last article in *Chemist and Druggist,* I attempted to spell out in clear terms the background to the unhappy situation between dispensing doctors and pharmacists which has developed over the years. It was intended for lay members of dispensing subcommittees, and in Dorset we distributed our copies to them. We have since had a chance to assess the result at a committee meeting.

The chairman of the dispensing subcommittee mentioned he had received documents from the LPC which he said he would ignore, while the other lay members said nothing; the doctors said nothing either. After the meeting one of the doctors came over and said he had read my article, and went on to say he thought this meeting had been less fraught than the previous one, which was good! I agreed. I think he also muttered under his breath that the article was "over the top". He may have been right, but I hope the article at least suggested the mood of anger and frustration in which it was written.

It has been suggested to me in some quarters that distribution of the article was likely to upset good relations between the professions. I can only say that anyone who thinks something is to be gained by treading softly round the edges of the situation which has cost us so much, is indulging in the same kind of wishful thinking which has marred our proceedings for years and produced the situation we're in now. It doesn't matter if some upsets in attitudes are caused. Do doctors claim to give a comprehensive service? Their main claim seems to be one of convenience. What sort of argument is that in the face of a properly-organised pharmaceutical service we provide? I shall come back to this later.

Choices?

In the light of the reasons why people choose to live in rural areas it became plain they did not consider themselves disadvantaged in moving from towns, but felt privileged to enjoy a more spacious environment with easily available services in nearby villages or towns. The question of distance from shops does not relate any more than it does in towns, where we find people shopping in centres several miles from their homes.

So let us get back to this word "rural". When the NHS was set up, doctors in areas not served by pharmacies were required in some circumstances to provide a dispensing service. It was not seen as competitive and in many cases pharmacists themselves provided the materials. But as an adjective to describe these areas the word rural was used. It might equally well have been "country" or "remote" or even "green". But to suggest that the definition of an indefinable adjective, used in a particular instance, should become the criterion by which the viability of the pharmaceutical services in some parts of Britain should be put at risk, is absurd. The only thing that matters — anywhere — is if there is a satisfactory comprehensive pharmaceutical service. If there is, then the suggestion that doctors should engage in a duplicate but limited parallel service is an affront to us, and highly offensive.

In developing the previous article I had to do some research. It was easy enough, and I had help. But I was struck, increasingly, by the absurdity of the whole question of rurality. Here we have dispensing subcommittees, made up of the most respected members of communities and professions, being asked, seriously, to weigh up all the various subtle factors which are supposed to make the difference between urban and rural. They then have to decide at which point the state of countrification is achieved which is said to be "rural". I found myself being overcome by an irresistable urge to laugh. The whole proposition of rurality is irrelevant to the needs of the community.

However, play is made of the convenience of doctor dispensing. It is worth looking at. If there is a pharmacy in the same village or town as a surgery, then apart from a short walk from one site to the other — and generally the two are close — convenience can hardly be advanced. In all situations, though, the pharmacist *has* to get moving with some imagination to help the doctor do his work with the least possible hassle. Opening hours must be tailored to surgery times. Prepacked emergency supplies of drugs, antibiotics and any other item the GP uses should be loaned to any practices which are not yet dispensing (supplied in boxes, into which an appropriate script is placed as the item is given out). The whole thing would be replenished at intervals, or replaced by another, particularly if two or more pharmacists are serving a practice.

That is not my idea, but one already used successfully for years. There has also to be a commitment to a 24-hour standby service — not in the shop, but contactable, created from the pool of pharmacists in a given area. Delivery services have to be established — positive action to make sure we give a service.

GPs' excess profits?

I understand there is to be an official investigation of the excessive profits kept by dispensing doctors. We might believe that were the conditions for dispensing the same for all, both as regards pure profit and terms of service, the need for this distasteful fight would cease to exist. The irresistable incentives would be removed, but leaving country GPs who are required to dispense, enough margin to make it acceptable.

Copies of my original article, slightly amended by PSNC, have been distributed to all LPCs, following many requests. It is suggested that copies be typed up (via agencies — it's quite cheap, as are duplicated copies) and used to encourage a healthy interest in the forthcoming survey by MPs, local papers and the news media generally. This should make clear the need to reform the extraordinary dispensing doctor anomaly.

For years we have been bewailing our situation. But if we really want results we have to reach the people who can affect events. And encourage them to move by mobilising public opionion. This dispensing problem is only one of the things we have to tackle. Either we believe in what we are and are prepared to stand and argue that we offer by far the best dispensing and pharmaceutical service to the community, or continue to act as though we have neither pride nor belief in our vocation.

Robbing Peter . . ?

One final point. It seems incredible that prescribing GPs can remain content to see themselves hit by a "snatchback" of discount profits, estimated at about £500 each, taken from the global sum for doctors. The dispensing doctors still keep all the discounts they can get, whether as samples or wholesaler or importer cut prices, as well as in some areas, gaining patients from nearby town practices by offering the "convenience" of dispensing.

It is even more incredible that a Government determined to force economies on all facets of NHS care remains content to fund the bonanza we have been talking about.

Threat from dispensing doctors in Cornwall

The Pharmaceutical Society's officers are to consider immediate action to counteract a possible expansion of doctor dispensing in Cornwall which would harm the pharmaceutical service.

The matter was raised at this month's Council meeting by the vice-president (Dr D.H. Maddock), who pointed out that in his area in Cornwall nine applications from medical practitioners had been placed before the national Rural Dispensing Committee. Those applications, he said, covering over 1,000 sq miles of the country, if successful, would shut out development of pharmaceutical services in those areas for the next five years. On his own dispensing committee, the protective role of the pharmacist was ignored by medical and lay persons alike. Indeed, said Dr Maddock, one medical practitioner had openly told him that he (the medical practitioner) was as qualified as was Dr Maddock to dispense. Dr Maddock said that such a comment was believed by all and sundry, yet a study of medical school prospectuses from Wales, Dundee, London and Southampton showed that the word dispensing was not mentioned in any of the courses. The British Medical Association's publication of 92 pages, entitled "Learning medicine" and including the objectives of a basic medical education, did not mention dispensing.

Passive role

Dr Maddock said that the Society was one of two pharmaceutical bodies acting as signatories to the Clothier report on rural dispensing. The other body was openly trying to help, whereas the Pharmaceutical Society so far seemed to be pursuing a passive role. The workload upon local volunteer pharmacists trying to defend their right to practise pharmacy was so great that they were almost in despair. Indeed, independent pharmacists were grateful that a Boots city centre manager was prepared to drive 40 miles on a Sunday afternoon and in the evenings to give every possible help.

Dr Maddock said he saw little merit in trying to overturn Clothier at such an early stage of its history. All he was asking was that the Society should direct some public relations activity towards explaining to the community the pharmacist's protective role. Unless the Society extended positive leadership, the assertion of a general medical practitioner at Dr Maddock's dispensing subcommittee that he was better able to dispense for the elderly in a city centre would come to pass and the pharmaceutical profession would cease to exist, with disastrous consequences for the community.

Dr Maddock said that his intervention was a cry for help on behalf of small pharmacists with few resources who were totally under seige from a small but avaricious sector of the medical profession. The matter was urgent, because in his own locality the first hearing of the latest cases was being held that week and the 30 day appeal period for the remaining applications would soon be at an end.

Original packs first, then batch numbers

Council has decided that its aim for medicines supplied from pharmacies to bear the name of the supplier and the batch number cannot be implemented without original pack dispensing.

Council decided at its June meeting on a policy of working towards a situation whereby medicines supplied to patients from the outpatients departments of hospitals or from community pharmacies should bear the name of the manufacturer or supplier and the batch number of the product.

The Practice Committee had sought the views of the community pharmacy sub-committee, the Industrial Pharmacists Group Committee and the Hospital Pharmacists Group Committee. The Practice Committee agreed that there were practical difficulties which would only be overcome when original pack dispensing was the norm. Council therefore agreed to accept that the motion was incapable of implementation until original pack dispensing was the norm and decided to give the subject further consideration at a future meeting.

Clarification of POM rules

The Society is to seek clarification of the legislation concerning the emergency supply of Prescription Only Medicines.

The matter was considered by the Legislation Committee which had been asked at the previous Council meeting to consider the possiblity of seeking legislation extending the provisions for emergency supply to include supply for persons not able to be present in the pharmacy.

The emergency supply provisions are contained in paragraph 6 of the Medicines (Products other than Veterinary Drugs) (Prescription Only) Order 1983. Sub paragraph 6 (4) (a) (ii), setting out one of the conditions to be complied with before an emergency supply could be made, said the treatment with the POM requested must on a previous occasion have been prescribed by a doctor "for the person requesting it." The Committee discussed whether it was desirable to obtain new Regulations to allow the patient's representative, as well as the patient himself, to request emergency supplies. The Committee also discussed whether the word "person" included a representative of that person.

The point was made that social conditions had changed since the promulgation of the Medicines Act 1968, two of those changes being doctors' appointment systems and the increased proportion of elderly people in society.

The opinion was expressed that more helpful guidelines should be drawn up to encourage pharmacists to use their professional judgment and responsibility in the interests of the patient, but it was decided to postpone consideration of new guidelines until after an informal approach had been made to the Department of Health regarding the present legal position.

Medicines from shopping service

The Society is not to object to a scheme under which a pharmacy within a store will offer a range of pharmacy medicines for sale through a community shopping and information service.

It was reported to the Ethics Committee that the Gateshead shopping and information service was a joint venture set up by Gateshead Metropolitan Borough Council, the University of Newcastle-upon-Tyne and Tesco Ltd. Funded by central Government and the local authority, the scheme aimed to provide a shopping, delivery and information service to relatively immobile persons, eg, mothers with young children, pensioners and handicapped people.

Computer terminals had been installed in public libraries and were connected to the Tesco computer. Eligible people either telephoned or visited the library to place their orders or ask questions. Orders were transmitted by the library staff to the Tesco computer and the goods delivered to the person's home. Goods available for sale included a range of pharmacy medicines from a pharmacy situated within the Tesco store.

The superintendent pharmacist of the company operating the pharmacy said that the scheme covered about 800 people and their demand for pharmaceutical lines seemed very little. The pharmacist in charge exercised full control over the purchase of medicines, and had been told

Continued on p888

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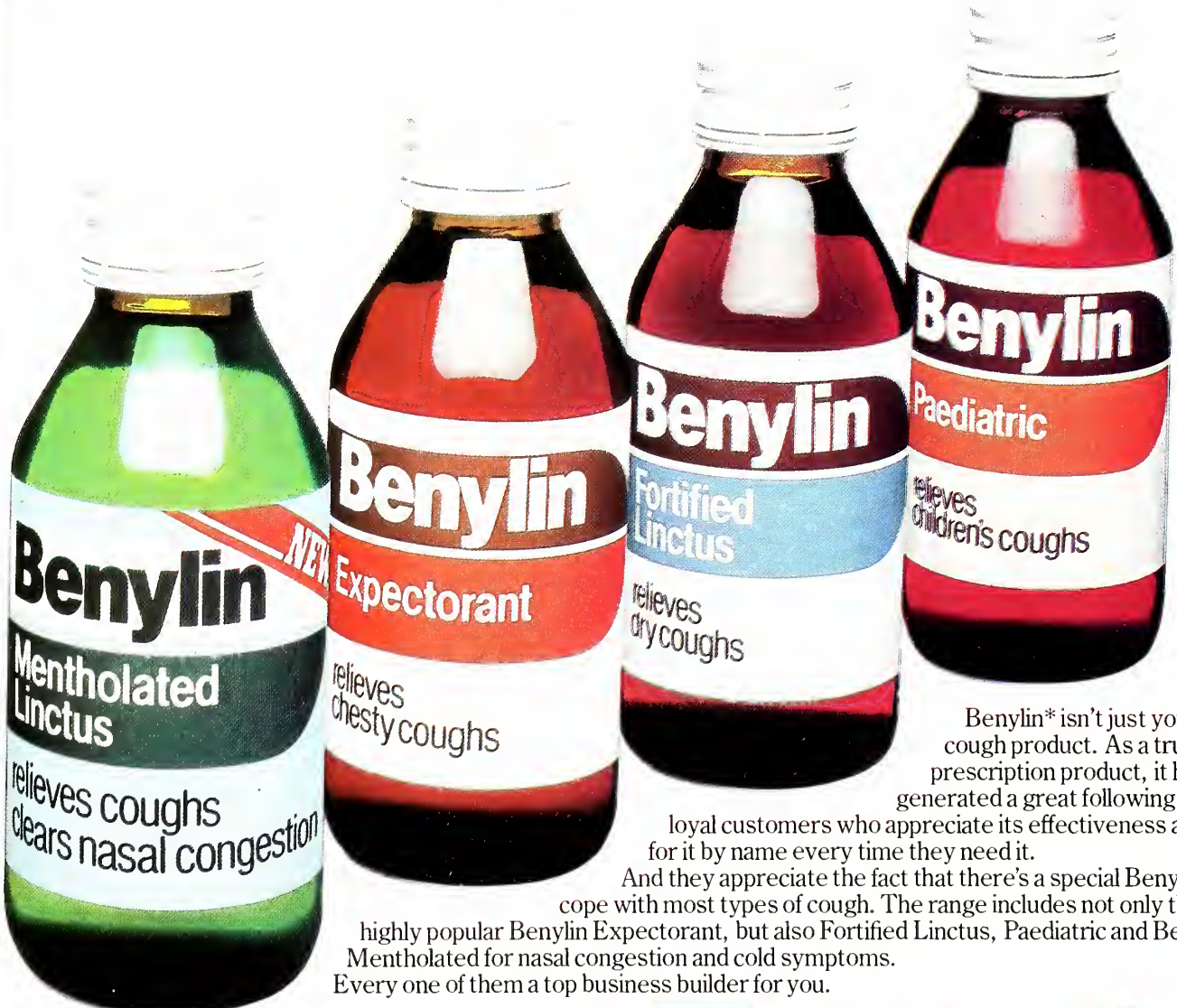

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PSGB COUNCIL

Continued from p886

Medicines through shopping scheme

that any advice in regard to the medicines purchased should be given in writing and taped to the medicines.

The Ethics Committee recognised that the service was a pilot project and that, if successful, it might be extended to other areas. A similar scheme in Nottingham did not involve a pharmacy. It was also noted that the Local Pharmaceutical Committee had decided that dispensed medicines should not be delivered by the vans used in the scheme. The Committee recommended, and the Council agreed, that no objections should be taken and that a copy of the report on the project should be sought for future consideration.

No action on Parliamentary group

The Society is to take no further action on the branch representatives' meeting resolution calling on the Council to form a joint Parliamentary Committee with other major pharmacy organisations.

The Organisation Committee was informed that of six other organisations consulted only one had welcomed the proposal, the others having various doubts as to the effectiveness of such an arrangement. The Organisation Committee had earlier reaffirmed that every effort should be made for pharmaceutical organisations to co-operate in their approach to issues which could affect the profession as a whole, but the practical difficulties of implementing the BRM resolution had been noted. The vice-president drew attention to the fact that the interests of the major organisations referred to in the resolution were not the same and the cost of the proposed appointment of Members of Parliament as consultants/advisors could be considerable. Differences in legislation between England and Scotland could lead to difficulties in promoting a common policy. The Committee recommended, and Council agreed, that no further action should be taken on the BRM resolution.

Preregistration salaries

The Society is to consider including a statement on salaries in the preregistration experience manual.

The Education Committee was reminded that the 1983 branch representatives' meeting had called for a minimum salary for preregistration graduates. A confidential survey had been conducted, and the analysis showed that some graduates were receiving salaries considerably less than those available in the hospital service and in Boots. It was realised that in certain circumstances it could be in the interests of a graduate to accept experience in an establishment where, for good reason, a full salary could not be paid. However, the Committee was concerned that graduates should not be exploited and therefore resolved that a draft statement should be prepared for possible inclusion in the manual, to be considered at the next meeting.

☐ The Council has decided that, in view of the move towards automatic labelling, the profession should be reminded of the need to label external preparations appropriately. Considering a report of the Society's recent computer exhibition, the Practice Committee noted that relatively few of the machines were able to print labels in more than one colour. That meant that some pharmacists would be labelling both internal and external preparations with black labels, despite the convention that external preparations should be labelled in red. The Committee agreed that, if external preparations were to be labelled in black, it was important that they should be clearly labelled "for external use" or "not to be taken," as appropriate.

☐ Council agreed to commission one of the three firms of designers that submitted proposals for a corporate identity scheme for pharmacy to proceed with the scheme's development.

☐ Council has accepted in principle that a pharmacy student should be co-opted onto the Society's Education Committee.

☐ The Council has received the report of the working party on information to patients. The report has been considered by the Practice Committee and copies have been sent out to various organisations for comment.

☐ The Society is not to object to a proposal in which a pharmacy in a private medical centre would be approached through the same main door as the doctor's surgeries. On entering the medical centre the pharmacy was on the right and the waiting room for the doctors' patients on the left. The pharmacist had told the Society that he wished to create a separate entrance to the pharmacy in due course, but as there had been considerable building problems, that would be difficult to do. On the Ethics Committee's recommendation the Council agreed not to object.

☐ Council has approved a draft code of practice for agricultural merchants, subject to the satisfactory outcome of further discussions on certain points with the Animal Health Trade Associations Group.

☐ The Society and the British Veterinary Association are to seek a change in legislation which would require farmers to keep records of the source of supply of veterinary Prescription Only Medicines.

☐ The Society accepted an invitation from the Department of Health to a meeting on November 8 to discuss the problem of solvent misuse ("glue sniffing").

☐ The Society is to write to the British Standards Institution agreeing with a proposal that the standard for domestic medicines cabinets (BS3922: 1967) should be withdrawn and replaced by a standard for child-resistant locks and closures for bathroom and kitchen furniture. It was noted by the community pharmacy sub-committee that although no cabinets were being produced to meet the current standard there was still a need for secure fastenings for use in the domestic storage of medicines and hazardous materials.

☐ Grants to the Society's branches and regions are to be increased by 6 per cent for the year commencing April 1, 1984. The regional conference grant will also be increased by 6 per cent.

No legislation on incomplete scripts

The Pharmaceutical Society's Council has decided not to seek legislation compelling doctors to write full dosage instructions on prescriptions.

The branch representatives' meeting in May carried a resolution urging the Council to press for a statutory requirement that prescribers insert the dose and its frequency on all prescriptions for dispensed medicines. However, Council's interim report on the resolutions passed at the BRM — released this week — states that Council has decided the inclusion of such instructions will best be achieved by voluntary collaboration rather than statutory requirement.

Council has decided to delay considering a resolution that pharmacists with doctorates should not be discouraged from using the title "doctor", until consultation on the new Code of Ethics has been completed.

Another resolution asked Council to press for witholding of free movement of pharmacists in the EEC until a suitable form of pharmacy distribution was introduced in the UK. Council has now accepted the resolution's philosophy and work is proceeding towards strengthening a proposal accepted by the European Parliament, which includes the view that possession of a recognised EEC pharmaceutical qualification need not be accepted by a member state for the purposes of opening a new retail pharmacy.

Council also agrees with the philosophy behind a resolution calling for pharmacy ownership to be limited to pharmacists, but emphasises the need for primary legislation to bring this about. To achieve support for legal changes, Council believes it would be necessary to show that pharmacy ownership by a body corporate is not in the best interest of the public. It might be possible to change the NHS contract requiring the individual pharmacist to be the contractor, but this would require support from the Society's membership and the Government, the report explains.

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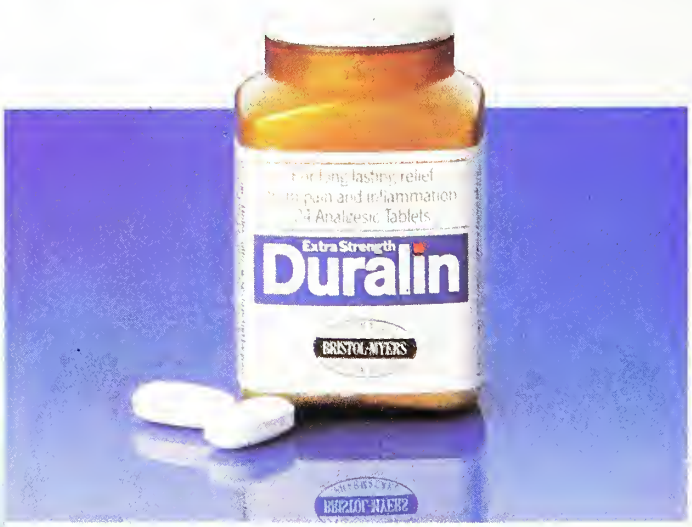

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Awards and 100pc success for NI pharmacy students

Thirty students at The Queen's University of Belfast graduated in pharmacy this year — a 100 per cent pass rate. They received their certificates along with prize winners at the annual pharmacy prize-giving ceremony in Belfast recently.

The following awards were made: *Pharmaceutical Society of Northern Ireland prize* (£20 for distinction in level 3 studies), *Regent Laboratories prize* (a Martindale Extra Pharmacopoeia for distinction in pharmaceutics and pharmacology level 3) and *Astra Pharmaceuticals prize* (£30 for distinction in elective level 3) Miss C. Kealey; *Pharmaceutical Society of Northern Ireland prize* (£20 for distinction in pharmacology level 3) Miss C. Kealey and P. Wardlow; *Pharmaceutical Society of Northern Ireland prize* (£20 for distinction in pharmaceutical chemistry level 3) Miss V.E. Falconer; *Pfizer prize* (£40 for best final year project level 3) Miss E.M. Carvill and Miss A. Nicol; *Ulster Chemists Association prize* (for distinction in pharmaceutics level 3) Miss E.M. Carvill; *R. Boyd Abernethy prize* (£50 for distinction in professional and clinical studies level 3) P.W. Nixon; *Boots Co prize* (visit and presentation at headquarters for distinction in level 2 studies), *ICI prize* (£25 for distinction in dispensing level 2) and *Evans Medical prize* (a Martindale Extra Pharmacopoeia for distinction in level 2 studies) Miss A.M. Loftus; *Parke-Davis prize* (£25 for distinction in pharmaceutical legislation level 2) and *Smith & Nephew prize* (£20 for distinction in pharmaceutics level 2) Miss M.M. Hill; *Galen prize* (£20 for distinction in pharmaceutical chemistry level 2) R.D.Bell; *Smith Kline & French prize* (£20 for distinction in pharmacology level 2) Miss G.M. Todd; *G.R.L. prize* (£20 for distinction in level 1 studies) Miss C.M. Higgins. *The Pharmaceutical Society of Northern Ireland* prize (medal for outstanding merit in the final year) was not awarded.

Inaugral speaker

After presenting the prizes and certificates, Mr John Harvey Galbraith, president of the Pharmaceutical Society of Northern Ireland, introduced the inaugural speaker for 1983, Dr William Woodside, a former senior lecturer in pharmaceutics in the department of pharmacy at Queen's. He is presently managing director of Galen Research Laboratories, Antrim, and Ivex Pharmaceuticals Ltd, Larne.

Dr Woodside compared the educational and the industrial processes. "In both cases we start with a raw material and end up with a finished product."

But the learning process does not stop on graduation, Dr Woodside explained. "You may well come to realise that your degree is like a ticket which you buy at the entrance to a dance hall. It qualifies you to go in but once inside you still have to prove that you can dance."

Dr Woodside offered a few suggestions on how to enjoy work: "Be committed to what you are doing except of course when it happens to be nothing that you are doing.

'Seek out opportunity'

"Seek out opportunity. The pessimists will say that opportunity doesn't exist any more, but we are continually faced with opportunities brilliantly disguised as insoluble problems.

"Take decisions; get things done; avoid committees unless of course you seek employment in the Civil Service. In industry we think of committees as something where minutes are kept and hours are lost. In the Civil Service there is a super committee system where again minutes are kept and years are lost. This is known as a working party."

Dr Woodside concluded: "Find a job you like doing and one which satisfies. By doing so you increase your chances of being happy and successful and you will make a greater contribution to your profession and to society"

Professor P.F.D'Arcy summarised the department's work for the year: 30 students had graduated in the final BSc (Pharmacy) examination; 16 students gained 2nd class honours (division 1), 12 gained 2nd class honours (division 2), and 2 students graduated with a pass degree at honours level.

Higher degrees included: Miss Lorraine Wright gained her PhD in pharmaceutics; PhDs in pharmacology were awarded to Hugh Delargy and Michael Scott, and Miss Mei-Ling-Soh and Seamus Boyd both gained PhDs in pharmaceutical chemistry; a PhD in pharmacy practice was awarded to Dennis Morrison. These brought the total of PhDs awarded on research done in the department to 31 since its opening in 1971.

Three pharmacists received an MSc in hospital pharmacy at Christmas 1982: Miss Alma McCreedy (Lagan Valley Hospital), Mrs Winnie Strang (Craigavon Area Hospital), and Mrs Elizabeth Simpson (formerly at the Ulster Hospital and now at the Drug Information Unit, Royal Victoria Hospital). These three made a total of 17 hospital pharmacists who have been awarded this degree since the course started in 1973.

Professor D'Arcy also announced that three MSc candidates would graduate at Christmas 1983: Miss Kay Furness and Mrs Colette McBride in hospital pharmacy and Sayed Abdul Sidahmed (a postgraduate student seconded by the Ministry of Health, Khartoum, Sudan) in pharmacology (by research). By Christmas 1983, 55 postgraduate students will have been awarded higher degrees in pharmacy since the department opened.

New postgraduates

Five new postgraduate students had joined the department at the beginning of the 1983-84 academic session: Miss Hilary McKee (Purdysburn Hospital) and Mrs Bernadette Cora Sonner (Ulster Hospital) into the MSc hospital pharmacy course, Mrs Lesley Anderson to study for a PhD in pharmaceutics, Abdulla Mohd Yahya (from Bahrain) to study for a higher degree in pharmacology, and Sayed Fatih Idris Karim (from Khartoum, Sudan) to study for a higher degree in pharmaceutical chemistry.

Professor D'Arcy commented that a department was also judged by its scientific output. The preceding academic year had been fruitful and a total of 53 books, research papers, reviews and other communications had been published.

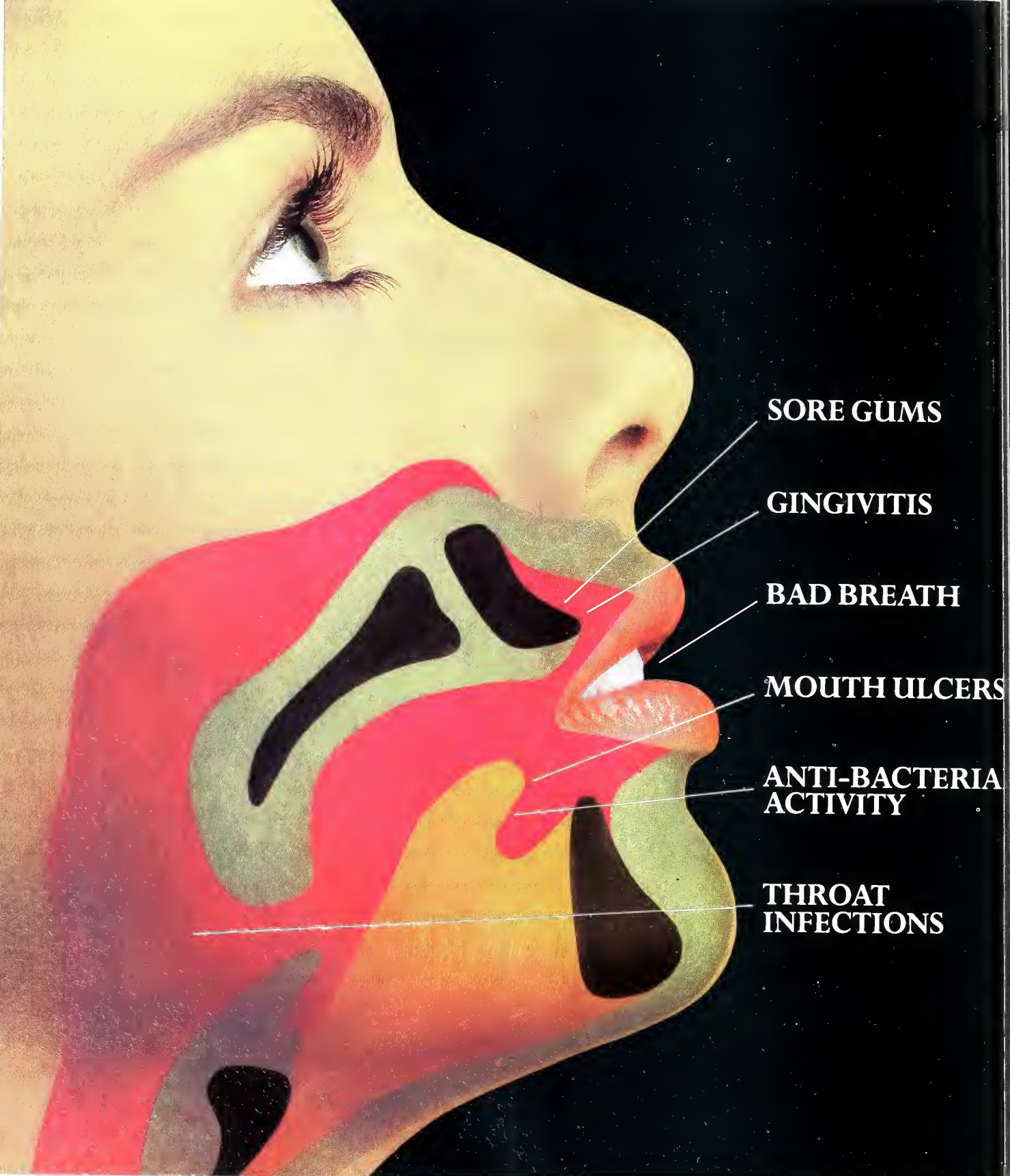
The academic staff had been active in many countries. Dr David Temple and Dr David Woolfson had spent the Summer months in the school of pharmacy in the University of Zimbabwe where they held visiting lectureships. Dr Paul Collier had been awarded the Hugh Kelly Fellowship and had taught and researched at Rhodes University in South Africa in the Summer.

Close links retained

Terence Maguire had just completed his year as president of the International Pharmaceutical Students Federation. Brendan Kerr, a research student in pharmacology, was appointed the new secretary general of IPSF — thus Northern Ireland retained its close links with this influential body, augmenting the work being done in the bureau, council and sections of the Fédération Internationale Pharmaceutique (FIP) by Professor D'Arcy (vice-president) and Dr David Temple (secretary general, academic section, FIP).

Professor D'Arcy referred to the department's sadness at the loss of Jill Stevenson, a postgraduate student in the hospital pharmacy course, who died

Continued on p893



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LETTERS

Former parallel exporters rebuked

I should like, through the courtesy of your columns, to refer to, and comment on, your report regarding disruption of wholesaling by parallel imports (*C&D* October 29, p773).

In particular I have to take great exception to the very generalised statements of Mr Worling. He states that parallel imported goods are being sold from garages and back-street warehouses and he refers to "legitimate distributors" — with an obvious inference that any distributor other than an NAPD member is "non-legitimate".

Mr Worling also demands legislation in order to irradicate the mentioned "back-street" activities: but surely this legislation already exists and has existed for many years? If a company or individual is wholesaling pharmaceutical products and does not hold a wholesale licence then these activities are clearly illegal and can be halted. Any such company or individual who does hold a wholesale licence is subject to the scrutiny of the respective Ministries of Health, which in the UK will be the DHSS medicines inspectorate. NAPD members are well aware that certain standards must be maintained in order to sustain a wholesale licence and a back-street garage which does not comply with these standards can easily be dealt with by the authorities.

Looking at the broader inference — that parallel import suppliers in general are "non-legitimate" — this is a grossly misleading generalisation. My company, for example, supplies parallel import pharmaceuticals directly to a large number of pharmacists and doctors in the UK and Holland. Our clients can be confident that our activities, warehousing, quality control, stock control etc are subject to the scrutiny of the Dutch Health Authority with whom we are licenced as wholesalers. Companies such as Stephar are no less legitimate than NAPD wholesalers: the only practical difference between us is that we operate from different EEC member States.

I have always maintained that wholesaling of parallel import pharmaceuticals *within* the UK is presently a contravention of UK law. The only exemptions apply to dispensing pharmacists or doctors who import for use within their own pharmacies / practices. UK law on this matter is clearly in conflict with EEC law and changes must come, but it seems unlikely — and morally indefenceable — that there will be a free-for-all. The established and precedential situation in Holland is one whereby the parallel-importing wholesaler is required to take out parallel import registrations (product licences) for all products in his programme.

In the meantime it is only natural that UK wholesalers are disappointed to be losing a portion of their turnover to parallel imports. However, I would remind several NAPD wholesalers that they have, over many years, been delighted to supply us with UK products for the sale as parallel imports in Holland. Business is business my friends!

M.C. Hamilton
Stephar BV
Holland

RPA says patients first, not professions

The whole of the NHS is now under critical examination and it seems that what has gone before is no longer necessarily acceptable for the future. The cost of providing services will be something which may well override inter-professional differences — the cost of a service plus its superiority, could (or should) influence thinking more than the actual professional standing of the bodies concerned.

The Rural Pharmacists Association feels that Clothier is a bridge — a temporary affair — which must be superseded by a more substantial structure; one in which service to the patient is the ultimate desire, and not as Clothier so strongly recommends, the financial benefits to the different professions.

Should this thinking be right or wrong, it behoves pharmacists to start thinking — if they haven't already done so — in a far more positive way. Let us get away from thinking that delivering a patient's medicine is good for business. Let us instead think about the trend towards an ageing population and their needs: a population in rural areas which is deprived of service because of Asda superstores and their like. Let us think in terms of domiciliary visits and being available to people unable to travel or walk. Our thinking must change — and Clothier mustn't be allowed to interfere with the natural progression of this sort of service.

The stumbling blocks are the DHSS in failing to appreciate the need and the potential, expecting the professions to deal with such matters between themselves. It seems increasingly obvious that, had the DHSS decided years ago on the way pharmacists would be allowed to develop pharmaceutical services, things would be in a far more "healthy" state of affairs. The fact that the DHSS is unable, unwilling or quite incapable of drug testing doctors whose staff dispense for patients is an indication of how the dog's tail wags the decisions that comes from the head of the DHSS. Mr Finsberg, of the DHSS, in answer to the question of drug testing dispensing from doctors surgery has replied: ". . . a written prescription would not necessarily be available for comparision". What an admission of unaccountability: ". . . nor would dispensed prescriptions awaiting collection normally be available". Why ever not?

A dispensing doctor (Does the doctor dispense? That will be news to most pharmacists) is not obliged to complete a prescription form before dispensing what he has prescribed, since a formal direction to himself is clearly not necessary. What a lot of "codswallop". Of course it is not necessary, if you wish to disregard all elements of safety and accountability — one would imagine from Mr Finsberg's reply that the doctor actually does all the dispensing. It is surely time that he woke up to the facts of life. It is surely time that prescriptions be made mandatory when a doctor or his assistant supplies medicines. How else can the patient's safety be made more secure and the nation's money become more accounted for.

So the RPA intends to dedicate it's energies in directing attention to the needs of vunerable patients, to the safety of the patient in the way their medicines are provided and to the accountability of the providers.

We need the support of the rural pharmacists everywhere to reiterate in their own personal way these worthy targets. Letters to MPs would encourage them to believe that the rural pharmacist is a person whose aims are based on service and care. This appeal must be the only one which any MP will fell unable to resist.

John Davies
Secretary, Rural Pharmacists Association,
Wiveliscombe, Somerset.

Continued from p891

Queen's prizegiving

tragically from illness at the end of May.

Professor D'Arcy, speaking as the new dean of the Faculty of Science at Queen's and as head of the pharmacy department, thanked his colleagues for their enthusiasm, dedication, expertise and above all for hard work making it a successful year.

In closing Professor D'Arcy welcomed Mr Derek Lawson as the new secretary of the Society and thanked the retiring secretary Mr William Gorman for all he had done over many years to cement together the Society and the department.

The ceremony concluded with a presentation to Mr and Mrs Gorman.

Society to oppose Sunday trading — NCC all for it

The Pharmaceutical Society is to express concern as to the future viability of many pharmacies if seven day trading becomes the norm.

The Legislation Committee has considered a letter from the secretary of a committee of inquiry into proposals to amend the 1950 Shops Act. The Committee felt that pharmacy manpower would not lend itself to seven day trading, and it was not physically possible for a pharmacist to work 60 hours per week and maintain an efficient pharmaceutical service. Furthermore, pharmacy viability would be threatened by increased competition in the sale of ancillary goods.

On the Committee's recommendation, the Council agreed at this month's meeting that preliminary evidence along these lines should be submitted.

The removal of all restrictions on trading hours is the only way to end confusion over the 1950 Shops Act, National Consumer Council vice-chairman Joan Macintosh told a conference last week.

Compromise ruled out

The adoption of a compromise solution, such as setting a maximum number of trading hours per week, or varying restrictions according to size of shop outlet, would merely replace one set of unweildy and unenforceable regulations with another, Mrs Macintosh says.

"Will our shopkeepers be telling us 'Sorry, I've already been open 60 hours this week', or 'I'm afraid we're too big to open today'?" she asked. "How would we ever explain the rules to ordinary British consumers, much less the hundreds of thousands of tourists who come here every year?"

Mrs Macintosh also dismissed the argument that Sunday opening would make it impossible for retailers to attract good quality management staff, pointing out that other industries ranging from public houses and restaurants to electricity and gas managed perfectly well.

"I well remember that when Saturday afternoon opening was first proposed, we heard the same arguments," she said. "It wouldn't be profitable, it simply wouldn't work, consumers only have so much money to spend, shops would be empty, and so on. How many retailers I wonder, would support those arguments today?"

The NCC is looking to 1985 as a reasonable date for reform. "I believe the next step is up to us" said Mrs Macintosh. "It is our responsibility as consumers and retailers to make a full contribution to the inquiry."

Idris Hughes steps down from OCS

Mr Idris Hughes has resigned his position of technical director on the board of Orridge Computer Systems Limited (OCS) and from December 1 he will be directing the software, database and information service projects of his own company, Manorfield Systems Ltd.

Mr Hughes says: "In Manorfield Systems we have been engineering further pharmacy projects which are looking toward the nineties and these are now requiring my full attention."

More **Business News** *on p896*

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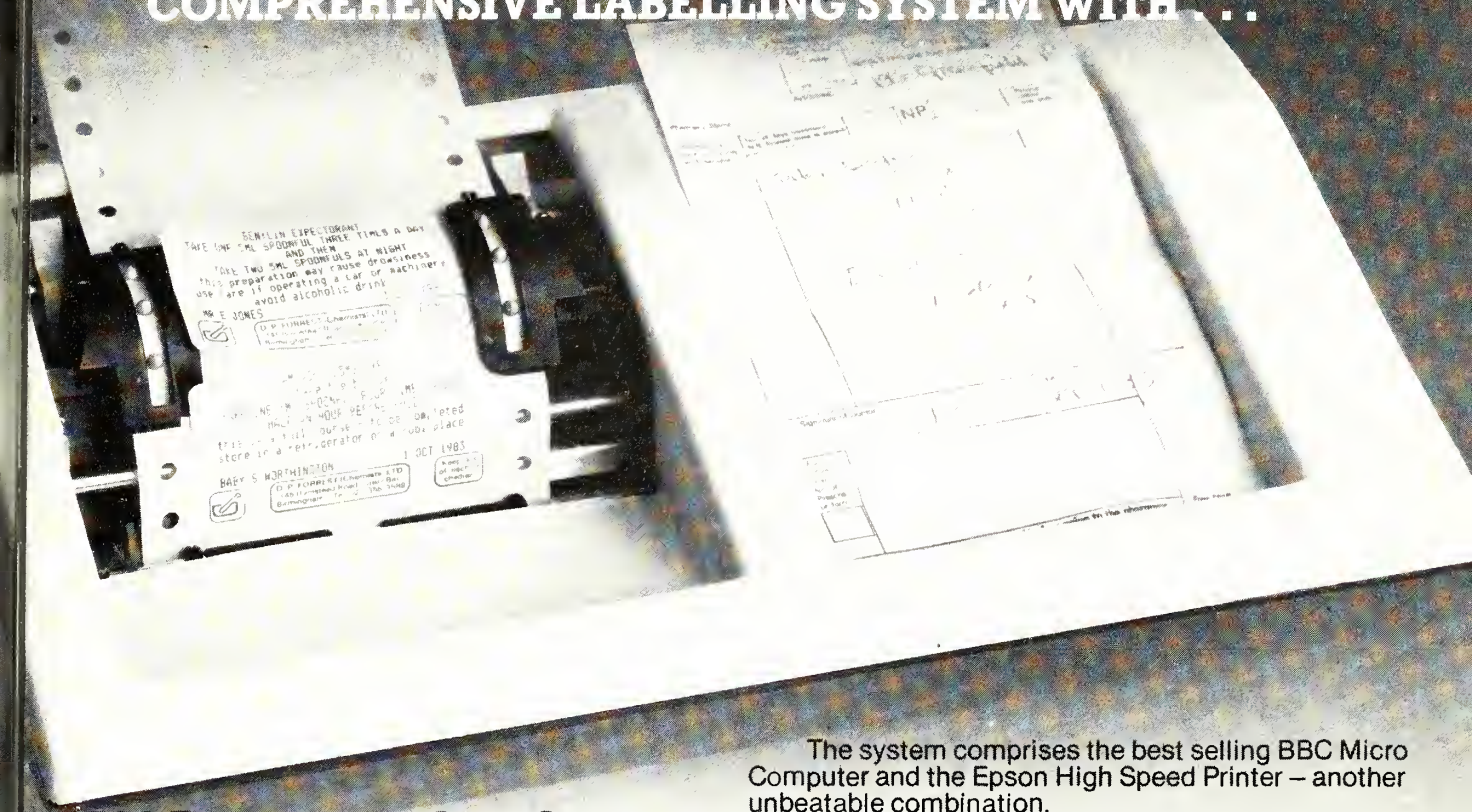

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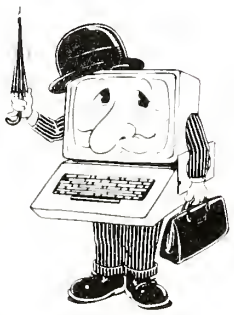

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Receiver called in at Photomarkets

Photographic buying group Photomarkets are in the hands of the receiver. Tony Haughton of chartered accountants Touche Ross was called in by Barclays Bank last week.

Mr Haughton describes Photomarkets as "clearly insolvent, with a deficit of assets compared to liabilities." The receivers are continuing trading as normal while simultaneously looking for a buyer who may be interested in the company as a going concern. Initial interest has been strong, but Tony Haughton points out that this is often the case in the early days of a receivership. If no buyer can be found in this way, company assets will have to be sold individually.

Mr Haughton blames the company's problems on very tough competition in the retail photographic market, tight margins and a change in spending habits towards video and other home entertainment equipment.

Failures up 25pc in distributive area

Distributive industry liquidations and bankruptcies in October were 24.7 per cent up compared to a year earlier, according to credit insurers Trade Indemnity.

This compares to a 2.6 per cent *fall* in the number of failures across all industries, although engineering, construction and agriculture all fared even worse than distribution.

October was the fourth consecutive month to show a declining incidence of failures across all sectors. Trade Indemnity see this as confirmation of their view that the recession reached a turning point in July. Failures remain high in absolute terms, however, with October's total of 302 equalling the monthly average for 1982, the worst year of the recession.

The Mayor and Mayoress of Bexley were recently treated to a tour of Pharmax's factory in the town. Shown here is mayor John Raggett with Brian Evans, managing director of Pharmax

MR and Carmen link

Morphy Richards and House of Carmen have completed their integration with the formation of Morphy Richards Holdings Ltd. The new company will also handle Morphy Richards Consumer Electronics. Managing director is John Forsdyke, previously deputy managing director of Morphy Richards. A new international division has also been set up, headed by Brian Wolfe as managing director. His former was managing director of Morphy Richards.

New warehouse for Glaxo Export

Glaxo Export have opened-up a 55,000 sq ft warehouse complex at Greenford in Middlesex, to replace their old Taunton Road site.

The premises, which also includes 21,600 sq ft of office space, has been equipped at a cost of some £1.5m.

Glaxo account for around a fifth of the UK's annual £1 billion-worth of pharmaceutical exports. Their emphasis on exports is no accident — they say the business was founded on supplying the needs of early New Zealand settlers.

Three large cool rooms have been provided for stocks requiring below-average temperatures.

The complex was officially opened by Glaxo chairman Sir Austin Bide in the presence of Harry Greenaway, MP for Ealing North, and Dr Richard Arnold, director general of the ABPI.

Trucks in the high-bay warehouse raise the operator's cabin along with the load to allow for easier location of pallets. Shown here is a drivers-eye view of the aisle

Alberto buy into European market

Alberto Culver have bought Indola Cosmetics — a Dutch company manufacturing and marketing products to the professional haircare trade and retail outlets throughout Europe. The company's range includes shampoos, conditioners and hairsprays.

Alberto Culver chairman Leonard Lebin says the acquisition will greatly benefit his company's haircare business, already said to be growing rapidly. "Indola will accelerate that growth, increase our participation in the professional haircare sector, and strengthen our presence in European markets," he adds.

Accountancy scheme for new businesses

Chartered accountants Armitage & Norton have introduced a new service to help small businesses survive their early development. Clients using the scheme are given one free consultation, leading to the provision of a custom-built basic book-keeping system.

This system should allow the small businessman to prepare his VAT returns, and simplify the preparation of year-end accounts, say A&N. It may also eliminate the need for a part-time book-keeper, they add.

Once the business becomes established enough to warrant its own full-time accountant, it joins A&N's mainstream business, with the original A&N partner continuing to handle the account. Only at this stage are full rates charged, discounts provided in the earlier stages being regarded as a practice development cost.

The scheme is now in operation in A&N offices throughout the North East. Further details can be obtained from Danny Stone on 0484 21433.

More shop staff?

The final three months of 1983 will show a net gain in numbers of young people employed in retailing, according to a survey from Manpower.

One in four of the large retailers questioned said they planned to employ more young people in this period than they had in 1982, with only 15 per cent forseeing reductions.

However, across all ages, retailers showed a net gain of 50 per cent, with 58 per cent wanting more staff, and only 8 per cent planning cutbacks. Manpower's figures specifically exclude youngsters employed as part of any Government training scheme.

More **Business News** *on p898*

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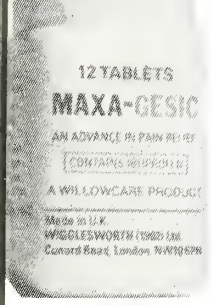

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Unichem in CD and jewellery raid

Two Unichem security personnel were attacked during their response to an alarm call at the company's branch at Priestley Way, Walthamstow last week.

The two men were bound, gagged and bundled into a room while the thieves then smashed their way into the Controlled Drugs store and removed drugs worth over £10,000 together with Corinne jewellery worth £20,000 (both are trade figures).

Briefly . . .

■ **Boehringer Ingelheim** have changed their telephone number to Bracknell 424600.

■ **A.H. Robins Co** have moved to Langhurstwood Road, Horsham, West Sussex (tel 0403 60361). The move also affects Willow Francis Veterinary.

■ San Systems, whose Pharm-man was reported in our Chemex preview (September 10) are now based at 8 Madrid Road, Guildford, Surrey (tel 0483-578910).

■ The Government has extended the **Exchange Risk Guarantee Scheme,** due to come to an end at the end of this year, for a further 12 months. The scheme guarantees borrowers using the European Investment Bank against adverse changes in currency exchange rates.

■ The latest **ICC business ratios report** reviews three traumatic years in the chemical industry. Volatility in the sector between 1979 and 1982 is illustrated by the fact that profits fell by 78.5 per cent in the first half of the period studied, and then immediately rose 177.2 per cent in the following eighteen months. *Chemical Manufacturers (£121), ICC Business Ratios, 28 Banner Street, London EC1.*

■ A draft Order laid before Parliament increases from £5,000 to £15,000 the upper limits that determine which personal credit and hire agreements are regulated by the Consumer Credit Act 1974. The limits would be effective from May 20, 1985. The limits for small agreements, some of which are excluded from provisions of the Act, are increased on January 1, 1984, from £30 to £50. The changes are specified in the Consumer Credit (Increase of Monetary Limits) Order 1983 (SI 1983, HMSO £0.75).

APPOINTMENTS

■ **Unichem:** Barrie Boots is appointed general manager of the Willesden branch. He moves there from the central operations division.

■ **Steifel Laboratories (UK) Ltd:** David Evans is appointed as product manager for a promised range of new products introductions.

■ **International Federation of Pharmaceutical Manufacturers Associations:** Dr Richard Arnold is to relinquish his current post as ABPI directo to succeed Michael Peretez as vice-president. He will make the move to Geneva early next year.

■ **Wyeth Laboratories:** Trevor Davis has joined the company as marketing director. He worked previously for Abbot Laboratories, most recently as commercial director, having already gained experience in the company's nutritional and hospital products divisions. Prior to this he worked at Eli Lilly as a medical representative.

■ **Chemist Brokers:** Hamish Gibson has been appointed sales director. Mr Gibson joined Food Brokers Ltd in 1975 at the age of 20 and worked in both the CTN and grocery sales forces. On October 1, 1982, the chemist sales division was launched with a separate 16 strong sales force and Hamish Gibson was appointed general sales manager. During its first year Chemist Brokers has achieved sales in excess of £5.5m at net trade prices.

■ **Braun Electric (UK) Ltd:** The company has created a single trade division, split into three regional teams, headed by John Holmes as trade sales manager. Managers for the three regions are: Laurence Wallace (North), John Merrett (South), and David Walvin (Midlands). Bernard Ward (North) and John Dickerson (South) have been appointed as special accounts managers. The national accounts division has been enlarged with the addition of Alan Ross (North) and Graham Brooks (South) as key accounts managers.

■ **Lilly Industries Ltd:** Richard Baily has been re-appointed managing director. He will continue with his current responsibilities in European licensing, economic community affairs and capsule marketing, but is to be replaced as European vice-president by Sidney Taurel. Ron Clifford becomes director of pharmaceutical marketing for the UK. He succeeds Mr A. Clark, who has been appointed general manager of Eli Lilly Italia. Mr Clifford's previous post was director of marketing at Lilly, Canada. John Wold PhD takes up a post as managing director of Lilly Research Centre. He moves here from Indianapolis, where he was director of biochemical and physiological research.

COMING EVENTS

Monday, November 14

Plymouth Branch, Pharmaceutical Society, Medical Centre, at 8pm. Dr P. Toseland talks on analytical toxicology.

Swindon Branch, Pharmaceutical Society, Kings Arms Hotel, Wood Street, Swindon, at 8pm. Dr Watson, Portsmouth Polytechnic, on "Drug abuse and misuse".

Tuesday, November 15

Bath Branch, Pharmaceutical Society, School of Pharmacy, Bath University, at 8pm. Professor Scully, Bristol Dental School, on "Drug induced diseases of the mouth".

Fife Branch, Pharmaceutical Society, Anthony's Hotel, Kirkcaldy, at 7.45pm. Film show and buffet from Allen & Hanbury.

North Metropolitan Branch, Pharmaceutical Society, School of Pharmacy, Brunswick Square, at 8pm. Dr R.E. Pounder on "Ulcers — can a tablet a day keep the surgeon away". Joint meeting with the Guild of Hospital Pharmacists, London Branch.

Northumbrian Branch, Pharmaceutical Society, Imperial Hotel, Jesmond Road, Newcastle, at 7.30pm. Mr Tim Astill, director NPA, on "Promoting the profession". Joint meeting with NPA.

Wednesday, November 16

Epsom Branch, Pharmaceutical Society, Bradbury Postgraduate Medical Centre, Epsom District Hospital, at 7.45pm. Mr Mike Ayecliffe, department of immunology, St Helier Hospital, on "Auto-immune disease".

Hull Pharmacists Association. Annual disco at the Bali Ha'i, George Street, at 9pm.

Southampton Branch, Pharmaceutical Society, Postgraduate Medical Centre, Winchester Hospital, at 7.30pm. A dinner (cost approx £5.50). Joint meeting with BDA.

Wirral Branch, Pharmaceutical Society, Postgraudate Medical Centre, Clatterbridge Hospital, at 8pm. Dr D. Eastwood, consultant anaesthetist, on "The control of pain". Hot buffet — contact Mr Weinronk on 051-327 2700 to reserve a meal. Joint meeting with Wirral doctors.

Thursday, November 17

Bedfordshire Branch, Pharmaceutical Society, Bird-in-Hand, Henlow Camp Crossroads, at 8pm. Mr Peter Boardman, PSNC, on "The pricing of prescriptions, including computerised pricing, and Drug Tariff problems". Joint meeting with Luton & South Beds Branch, NPA.

Bristol Branch, Pharmaceutical Society, Southmead Hospital Centre for Medical Education, at 7.30pm. Mrs B.J. Young on "The working of the Statutory Committee". Motions for the Branch Representatives Meeting 1984. Discussion on proposed Code of Ethics.

Saturday, November 19

Croydon Branch, Pharmaceutical Society, St Peter's Hall, South Croydon, at 7.30pm. Barn dance with caller and live music from "Three cornered hat".

Sunday, November 20

National Pharmaceutical Association, Posthouse Hotel, Thornbury Road, Alveston, Bristol, from 10.30am to 4pm. Computer labeller exhibition with Oralabel, Park Richardson and Williams Systems.

Advance information

Society for Drug Research, School of Pharmacy, Brunswick Square, London WC1, on December 16. Symposium on "Cannabinoids, their possible therapeutic uses". Registration fee £10. Members do not need to register in advance, otherwise contact SDR Secretariat, c/o Institute of Biology, 20 Queensbury Place, London SW7 2DZ.

Interphex '83, Basel, Switzerland from November 29 to December 2. European exhibition of pharmaceutical and cosmetic manufacturing equipment. Further information from Interphex Europe 83, 232 Acton Lane, London W4 5DL.

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